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ABSTRACT

A needs analysis approach was undertaken to examine the status of education for behavior disordered adolescents in local and state education agencies, institutions of higher education, and the Office of Special Education. Annual program plans as well as reports of program administrative reviews (monitoring compliance with P.L. 94-142, the Education for All Handicapped Children Act) were analyzed, and more than 100 officials from six states were interviewed. Results are summarized for five general areas (sample findings in parentheses): definitions (there is controversy over meanings of adolescent behavior disorders, behavior disorders, and serious emotional disturbances); human resources (there are not enough teachers to fill existing vacancies for the "served" population); preservice and inservice training (there is a critical need to increase the ability to train or retrain regular educators and certified teachers in behavior disorders); service delivery (despite the largest percentage of the population served in public school classrooms, there is still a heavy reliance on private schools and other out of district placements); and such other issues as interagency agreements, related services, advocacy, services to handicapped offenders aged 18 to 24, and graduation requirements. (CL)

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NATIONAL NEEDS ANALYSIS IN BEHAVIOR DISORDERS:

ADOLESCENT BEHAVIOR DISORDERS

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October 1980
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Columbia, Missouri, 1980

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NATIONAL NEEDS ANALYSIS IN BEHAVIOR DISORDERS:

ADOLESCENT BEHAVIOR DISORDERS

CHAPTER I

INTRODUCTION

Project Overview

The National Needs Analysis in Behavior Disorders was the result of funding by the Division of Personnel Preparation, Office of Special Education (formerly the Bureau of Education for the Handicapped) to the Department of Special Education, University of Missouri-Columbia. The impetus for the project arose out of continued and growing concern by professionals: parents, teachers, administrators, teacher trainers, and national leaders regarding the staggering numbers of children with behavior problems who are unserved and/or inappropriately served. Based on conservative estimates of prevalence, it would appear that some 741,000 children and youth with serious behavior disorders are not currently receiving special education (compared to approximately 300,000 who are receiving special education). Unfortunately, the numbers of behavior disordered children and youth who are identified, but are receiving inappropriate services are unknown. The cost of providing special education to those 741,000 unserved children and youth is estimated at approximately $2,258,000,000. Public Law 94-142 permits a fiscal year (FY) 1982 federal allocation of up to 40 percent of the excess cost of educating these children. If Congress chooses to meet that goal slightly over $900,000,000 would

need to be allocated to meet the federal share of this cost. The remaining $1,400,000,000 would have to be provided by state and local school districts. These represent conservative figures and in no way address the problem of inappropriately served children.

In addition to sheer numbers and astronomical cost, the problem of unserved and inappropriately served behavior disordered children and youth is enormously complex. Disagreement among professionals with diverse perspectives on issues of etiology, terminology, definition, identification, and intervention contributes to the general confusion and resulting lack of services to behavior disordered children and youth. Space does not permit an indepth treatment of these issues in this publication. For more detailed discussion of each of these problems, the reader is referred to the project's first document: National Needs Analysis in Behavior Disorders: A Model for Comprehensive Needs Analysis in Behavior Disorders, published in December, 1979. In addition to the discussion of the issues and their parameters, this first document described a model developed by the authors for conducting a needs analysis.

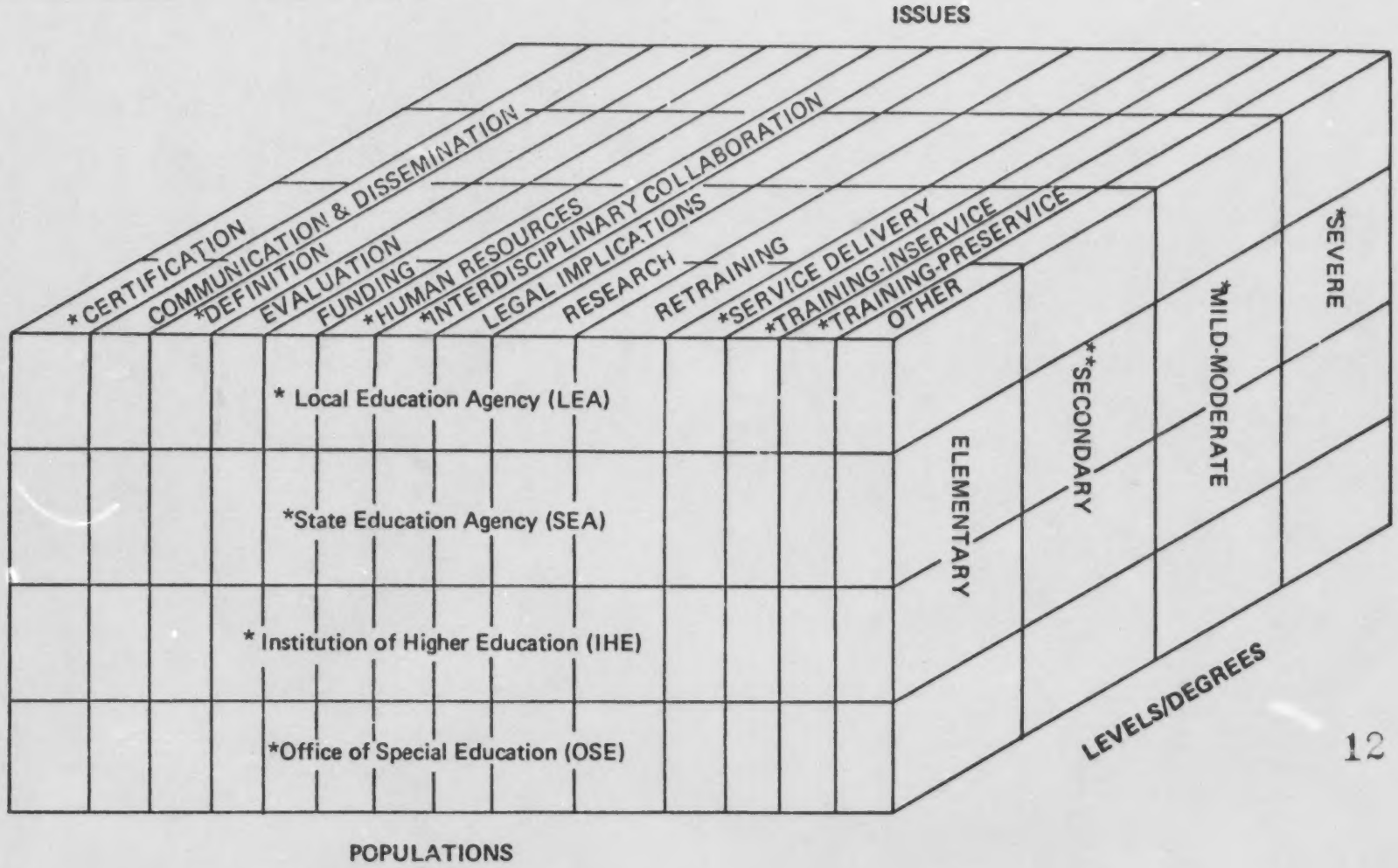
A total of four other documents have been produced as part of the National Needs Analysis project. In addition to this one on the topic of adolescent behavior disorders, two other documents have been published on the subjects of: severe behavior disorders, and human resources. The initial publication detailed a model for comprehensive needs analysis and outlined the scope of the project's work based on that model.

The Model

While the project's first document described the needs analysis model in detail, it appears instructive to review some of that information here. Hopefully, even such a brief discussion will help place the work of this specific document in perspective.

The goal of the model's development was seen as a two-fold conceptualization of: (1) the various parameters; i.e., issues, populations, levels/degrees, upon which needs analysis could focus; and (2) a process for organizing these parameters into full scale, indepth analysis of the field of behavior disorders. While the model was developed for application to the entire scope of the field, its organization allows for focusing upon smaller units or segments of this broad field. This flexibility is particularly important in light of the diversity of interests represented in the area of behavior disorders. Thus, the model facilitates approaching comprehensive needs analysis in small units without sacrificing the continuity of the broader perspective. This makes the model unusually useful as a guiding framework for numerous indepth, organized analyses conducted by a variety of different professionals in the field of behavior disorders. In the case of this document, the element of adolescent behavior disorders was selected as the major unit of concern.

Figure 1 presents a schematic representation of the model. In order to enhance understanding, the fcllowing represents a cursory definition of the three major parameters of the model and the elements associated with each. These are presented not as definitive descriptions of the various parameters and elements,



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**Major Element of Concern in This Document
*Related Elements That Were Explored

Figure 1
MODEL FOR NEEDS ANAYLSIS IN BEHAVIOR DISORDERS

but rather as a general orientation to those components. In addition, whenever possible, element definitions were extracted from the Education Division General Administrative Regulations (EDGAR) as a means of insuring uniformity of terminology. In all instances, examples have been provided as a means of clarifying the nature of these definitions. A double asterisk (**) indicates the major focus of this document; a single asterisk (*) indicates the related elements that were explored.

Major Parameters

Issues:	Conceptual components within the field of behavior disorders which are sources of incomplete or conflicting information.
Levels/ Degrees:	The age of the individual with behavior disorders and the severity with which that disorder is manifest.
Populations:	Those public agencies (local, state, and national) under legal mandate to assume primary responsibility for the education of behavior disordered children and youth.

Populations

*Local Education Agency:	A. A public board of education or other public authority legally constituted within a state for either administrative control or direction of or to perform service functions for public elementary or secondary schools in -

(1) a city, county, township, school district, or other political subdivision of a state; or

(2) such combination of school districts or counties as a state recognizes as an administrative agency for its public elementary or secondary schools, or

B. Any other public institution or agency that has administrative control and direction of a public elementary or secondary school. This includes public schools, state operated and/or state supported facilities, facilities for neglected or delinquent, intermediate school districts and private facilities.

C. The term also includes any other public institution or agency that has administrative control and direction of a vocational education program.

*State Education Agency: The state board of education or other agency or officer primarily responsible for the supervision of public elementary and secondary schools in a state; e.g., State Department of Education, State Department of Public Instruction or State Department of Elementary and Secondary Education. In the absence of this officer or agency, it is an officer or agency designated by the governor or state law.

*Institutions of Higher Education: Institutions of higher education including all those that provide training programs in the area of behavior disorders.

*Office of Special Education: Office of Special Education with particular emphasis upon the Divisions of Personnel Preparation, Assistance to States and Innovation and Development.

Levels/Degrees

Elementary: Those students enrolled in programs from pre-school through grade six.

**Secondary: Those students enrolled in programs from grades seven through twelve.

*Mild-Moderate: Those students whose educational programs require a moderate degree of control from special personnel outside of regular education and whose intervention programs are mildly to moderately intense in nature.

*Severe: Those students whose educational programs require a high degree of control from special personnel outside of regular education and whose intervention programs are extremely intense.

Issues

*Certification: State standards for educational personnel in behavior disorders; e.g., differences in degree, level and categorical vs. cross-categorical or non-categorical.

Communication and Dissemination: The flow of information among the various target populations regarding the issues and levels/degrees; e.g., dissemination of existing data, and communication of priorities.

*Definition: Criteria for determining eligibility for services in behavior disorders; e.g., differences in degree, level, and categorical vs. cross-categorical or non-categorical.

Evaluation: The evaluation of all relevant parameters of each of the identified issues; e.g., impact, effectiveness, and appropriateness.

Funding:	Financial resources available to the various target populations; e.g., Public Law 94-142, Public Law 89-313, state and local reimbursements.
*Human Resources:	Quantity and quality of personnel serving children and youth with behavior disorders; e.g., current numbers, projected need, attrition, placement and numbers of children served.
*Interdisciplinary Collaboration:	Cooperative efforts between and among educational personnel and other disciplines, agencies and organizations that relate to the area of behavior disorders; e.g., welfare, probation, psychology, nursing, National Institute of Mental Health, Council for Exceptional Children, and National Association of State Directors of Special Education.
Legal Implications:	The analysis of the various ramifications resulting from our current state and national legislative guidelines; e.g., education vs. therapy, liability of labeling, liability of lack of services, and quality control.
Research:	Investigation of the major concerns in the area of behavior disorders; e.g., current efforts, needed direction, and quality.
Retraining:	Programs providing additional training for teacher educators, state department consultants, and other leadership personnel currently working in the area of behavior disorders.
*Service Delivery:	All models, programs or services of any type to students who have been identified as behavior disordered; e.g., consulting teacher, itinerant teacher, resource room, self-contained classroom, institution and detention center.

*Training-Inservice:	Programs providing additional training for educational personnel involved in service delivery programs in behavior disorders, including regular and special class teachers and administrators.
*Training-Preservice:	Programs designed to prepare educational personnel in the area of behavior disorders; e.g., undergraduate, Master's, specialist, doctoral, certification only.
Other:	Any other issues that are generated by various populations which reflect major concerns for which data should be analyzed in order to assist future planning and implementations.

In summary, as indicated on the model and the ensuing definitions, this document, devoted to adolescent behavior disorders, focuses upon the following elements:

Issues:	Human Resources, Certification, Definition, Service Delivery, Interdisciplinary Collaboration, Training-Inservice, Training-Preservice
Populations:	Local Education Agency, State Education Agency, Institutions of Higher Education, Office of Special Education
Degrees:	Mild/Moderate, Severe

Specifically, this document explores the following issues: (1) the number of served and unserved secondary-aged behavior disordered youth; (2) human resource concerns at the local education agency level including data on numbers and types of personnel employed in secondary-level behavior disordered programs; (3) the nature of inservice training provided the various professional populations on this topic; (4) human resource concerns

at the institution of higher education level focusing upon the number of secondary-level training programs in existence, number of current graduates from such programs and projections for the future; (5) number of projects (research, training, and demonstration) that have components specific to adolescent behavior disorders which are supported by Office of Special Education monies; (6) certification: types, numbers and patterns; (7) definitional concerns; (8) types and numbers of service delivery programs; (9) degree and types of interdisciplinary collaboration among providers of service to behavior disordered adolescents; and (10) future needs relative to service to behavior disordered adolescents.

Data Collection

Following the model development, the selection of the major elements (severe, adolescent, and human resources) upon which to focus the project's work and determination of the related intersects of each element to be explored, it was then necessary to identify within each intersect the specific information to be collected and analyzed. For example, at the secondary/local education agency/service delivery intersect it appeared appropriate to look at information on various models for providing services to behavior disordered adolescents. Also relevant was the quality of such models, the number of programs available, etc. In other words, after determining the various intersects, it was necessary to delineate information associated with each intersect and to

generate a set of questions that could guide the collection of data for subsequent analysis.

As one might anticipate, there are instances of overlap of information which facilitate analysis. For example, when looking at adolescent behavior disorders, it was decided to analyze that level across the issues of human resources, certification, definition, service delivery, interdisciplinary collaboration, training-preservice and training-inservice as well as across all populations. Accordingly, one intersect examined was secondary/local education agency/human resources. Similarly, it was decided to analyze the human resources issues across state education agency, local education agency, and the institutions of higher education populations and across all levels/degrees. This, of course, yields information regarding the previous intersect: secondary/local education agency/human resources.

When all selected intersects had been examined for the relevant information and all necessary questions had been posed to guide data collection, the task became one of determining the source(s) from which to gather those data. It is appropriate to note that the intent of the project was not to generate new data, but to collate, analyze, and disseminate data from existing sources, hence, the emphasis on needs <u>analysis</u> rather than needs <u>assessment</u>.

The task of determining the sources of data collection was resolved by the development of a three-pronged approach. The first step was national level collection. In this phase information was collected from agencies that are national

depositories of information for states. Prominent among these was the Office of Special Education (OSE). The Divisions of Personnel Preparation (DPP), Assistance to States (DAS), and Innovation and Development (DID) were utilized extensively. Within DPP compilations of all funded programs were examined and each was contacted to determine those funded programs which had training or inservice components specific to behavior disorders. From DID information was gathered on all federally funded model programs, early childhood programs and research that related to behavior disorders.

The most extensive data were collected from a variety of sources within DAS. Public Law 94-142 requires that each state submit to DAS a plan for educating the handicapped children within that state. Called Annual Program Plans (APPs), these documents provide data on numerous topics including: numbers of children identified and served; numbers of teachers and support personnel currently employed and projected need of same; a plan for a comprehensive system of personnel development (CSPD); child find procedures; and policies related to due process, free appropriate public education (FAPE) and least restrictive environment (LRE). Many APPs go beyond the basic requirements and include copies of state regulations, dollars spent, topics for inservice, etc. The project staff examined 1979 and 1980 Fiscal Year APPs for all 50 states and five territories. Additionally, some Fiscal Year 81-83 APPs have been examined. The method by which DAS staff monitor states to insure compliance with Public Law 94-142 is the Program Administrative Review (PAR).

These reports are the results of site visits by teams to the state to determine the procedures and services in place and the compliance of those procedures and services with federal regulations. These PARs include data on state policies, service delivery, evaluation, etc. At least one PAR for all but six states was examined (Fiscal Years 77, 78, 79, 80) for data relevant to the project's work. Also of value were the End of Year Performance and Fiscal Reports which summarize data on number of children served, number of personnel involved in that service, and state expenditures for both Public Law 94-142 and Public Law 89-313. In addition to the Office of Special Education, agencies such as the National Association of State Directors of Special Education (NASDSE), the National Institute of Mental Health (NIMH), the National Association of State Training Schools, and the National Center for Education Statistics (NCES) were sources of information.

Following the collection of data on a national level, the second step was to "get behind" those statistics and reports by visiting states to gain an understanding of the quality, source, and interpretation of the information. Six states were selected for direct contact. These states were chosen in an effort to insure adequate representation of the following four relevant variables: (1) urban/rural populations, (2) categorical/non-categorical special education philosophies, (3) varying types and levels of mental health and correctional services, and (4) each of the four categories of "percent of population served in seriously emotionally disturbed programs" as delineated in the

Bureau of Education for the Handicapped (now OSE) 1979 Implementation Report to Congress; i.e., 0.0-0.55, 0.56-0.99, 1.0-1.99, 2.0-3.14. The states selected were: Connecticut, Delaware, Iowa, Massachusetts, Michigan, and Wisconsin.

Within each state, contact was made with numerous people from varying perspectives relative to behavior disordered children and youth. These perspectives included: state education agencies (SEAs); local education agencies (LEAs, including intermediate school districts, and area education agencies); institutions of higher education (IHEs); mental health; and corrections (including divisionsof youth services, training schools or social services). Across all six states the approximate number of people with whom the project personnel met and their approximate job roles (not necessarily titles) are as follows:

1. State directors of special services - 4
2. Comprehensive System of Personnel Development (CSPD) coordinators and/or state education agency inservice coordinators - 4
3. Persons responsible for writing the states' Annual Program Plans or portions thereof - 5
4. Behavior disorder consultants for the state education agency - 2
5. Other state education agency staff - 13
6. Representatives of divisions of mental health - 8
7. Representatives of divisions of corrections or youth services - 8

8. Supervisors of behavior disorder programs for public school districts - 23
9. Principals - 3
10. Social workers - 2
11. Classroom teachers of behavior disordered children and youth - 7
12. Bilingual specialists - 2
13. Residential program supervisors - 4
14. Other local education agency staff - 12
15. College and university faculty - 22 (representing 15 separate programs).

In total more than 100 people from this phase alone were interviewed at length and indepth concerning the issues related to providing education to behavior disordered adolescents.

The third phase of data collection involved an examination of the most relevant reports, research, books, and newsletters that were available relative to the three main elements selected. Included in this effort was review of the Education for the Handicapped Law Report, state regulations, and scores of published and unpublished reports, research, policy papers, and court decisions.

The result of the integration and synthesis of the data from each of these three steps has been recorded and discussed in four documents, this and three others. These four publications comprise the dissemination component of the project's work to individuals involved in some capacity with behavior disordered children and youth.

Qualifiers

1. One of the acknowledged concerns of this project has been the quality of data examined. It is readily recognized that the data available are most often not uniform and often of questionable reliability and validity. An example of this is the data available in Annual Program Plans which indicate a state to be fully serving all of its handicapped children. Even cursory perusal of the other conditions in a state (personnel shortages, provisional certification, actual practice in LEAs, etc.) shows clearly that this is not usually the case. There a variety of reasons that the available data are so poor. Prominent among these are:

   (A) Much vital data are simply not collected as a result of: (1) ignorance of the necessity, (2) personnel shortages, (3) inadequate funding for data collection.

   (B) Data collected are often inaccurate as a result of: (1) gaps in information, (2) misrepresentation, (3) lack of clarity in the direction on national reporting forms.

   (C) Data that are collected are often in different forms across states and across agencies within a state thus making comparisons difficult.

   Realistically, one of the goals of this project has been not only to examine the implications of the data as they exist, but also to explore problems inherent in those data. Hopefully, such an examination may provide direction for future data collection as well as for implementation of change based on the data.

2. To avoid the inadvertent narrowing of focus that terms such as schizoprenic, juvenile delinquent, or emotionally disturbed may produce, this and the other project documents use the term "behavior disorder." It is felt that this term, because of its broad scope, conceptually encompasses all the various types and manifestations of problem behaviors that necessitate professional attention. Such a broad conceptual base is a must for a thorough understanding of the model and the project's work. This qualifier is academic in the sense that any term used in seeking information about this population will not be universally understood or accepted. In fact, in this document and the one on severe behavior disorders, definition is a major concern.

3. While the broad spectrum of problem behavior is the perspective from which the model and the project was conceptualized, two more narrowly defined groups are the populations upon which data for this project are based. These groups are: (a) the seriously emotionally disturbed population that is legally defined by the implementing regulations for Public Law 94-142 and those seriously emotionally disturbed children that are served in the state operated/state supported facilities for the handicapped (Public Law 89-313)* as well as in facilities

*Public Law 89-313 sets forth regulations for state agencies seeking federal dollars to assist programs for handicapped children in facilities that are operated and/or supported by the state. Examples of such facilities include: residential care for the severely and profoundly handicapped, mental health facilities, etc.

for the neglected or delinquent (Public Law 93-380);* and (b) the educationally identified behavior disordered children in need of special educational services. The rationale for this more circumscribed focus lies in the fact that children and youth so defined are the legal responsibility of state education agencies, local education agencies, and other state agencies. However, under Public Law 94-142, the SEA bears the primary responsibility for assuring receipt of special education service to this population regardless of service delivery environment. Furthermore, considering the proportion of time per day that a child is in contact with the educational services provided by those agencies, such a focus reflects what is potentially a significant impact on a child's life. However, the project staff feels that future areas of exploration must include the relationship and interaction of local and state educational agencies with other service agencies and the role of the school in the resolution of non-school problems which affect the education of children. Such problems might include the degree of parental involvement, and the need for foster care, or other alternative living situations. It is, therefore, this project's intent to deal with data from

*Public Law 93-380, among other things, sets forth regulations for state agencies seeking federal dollars to assist programs for children and youth who are committed by a state judicial system to state facilities for delinquent youth, to adult correctional facilities, or to facilities for neglected youth. It also includes facilities for such children and youth who are awaiting court decision and not finally adjudicated.

legally mandated educational sources while maintaining a perspective on the broader service environment of which those data are a vital part. Therefore, it is necessary to recognize that the perspective of legally mandated sources may or may not reflect views as perceived by non-mandated sources.

4. State level data collection was limited to six states. While virtually all of the concerns voiced in this document were confirmed across most or all of those six states, they cannot be conclusively assumed to represent all 50 states and five territories.
5. Throughout this document numerous references are made to various statistics, consensus opinions, and interpretations. Due to the project's effort to gather data reflective of actual practice and real problems, it was determined to exclude any site-specific references in order to assure access to such data. For that reason, information gathered from and about states is not footnoted. The reader is referred to the references at the end of this volume for a listing of the general sources of information.
6. As previously discussed in the section on the model, this project's efforts reflect information relative to the specifically selected intersects. Those, however, are only one part of a total analysis of the field. The numerous remaining pieces are open to investigation by other professionals in the field. It is through such a

combined effort that a complete picture of the needs of the area of behavior disorders may be addressed and hopefully met.

CHAPTER II

DEFINITION

A basic concern of this project relates to the definition of the population under consideration. Therefore, this chapter discusses the project's use of the term behavior disorders and compares it to terms such as seriously emotionally disturbed and socially maladjusted. A review of state level concerns and recommendations relative to a definition for behavior disorders is presented. The chapter closes with a specific recommendation from this project regarding a revision of the definition of seriously emotionally disturbed used in the Public Law 94-142 regulations.

Adolescent Behavior Disorders/Serious Emotional Disturbance

Before it is possible to examine other issues relative to the topic of adolescent behavior disorders, it appears to be necessary to tackle "head on" some of the definitional issues. There are two closely related questions which are of immediate concern: (1) What are behavior disorders and how are they similar to or different from what is described as the behavior of the seriously emotionally disturbed as defined in the regulations for Public Law 94-142; and (2) What is the relationship among the terms behaviorally disordered, seriously emotionally disturbed and socially maladjusted? This latter question has particular relevance in the discussion of the population under consideration in the document: behavior disordered adolescents.

The decision of the project to use the term behavior disorders rather than serious emotional disturbance or some other term has been discussed in detail in the project's first document and reviewed in the introduction to this one. Briefly it is felt that the term behavior disorders is broader in concept and includes most of the serious problem behaviors with which schools deal and which are the subject of the project's work. Similarly, the term behavior disorders does not tend to narrow the focus on the types of children with whom we are concerned as the terms emotional disturbance, schizophrenic, juvenile delinquent, etc., might.

Using that same rationale, it would appear logical to subsume social maladjustment under the broadly defined category of behavior disorders (the appropriateness of this will be discussed later). However, because of the longstanding concern regarding the relationship between behavior disorders, emotional disturbance and social maladjustment, such an action warrants careful scrutiny. Currently a statutory relationship exists between serious emotional disturbance and social maladjustment by virtue of the regulations for Public Law 94-142. The closing line of the definition of serious emotional disturbance states "The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed" (p. 42478). However the meaning of social maladjustment and the rationale behind this exclusion is unclear.

While the existence of an exclusionary clause may appear clear cut on the printed page, the clarity dissolves in light

of the reality of implementation and the numerous ambiguities associated with the omission of definitive guidelines clarifying this exclusion. In practice, it is not surprising to find local school districts serving a broad range of students exhibiting behavior problems from mild to severe including those defined as juvenile delinquent, truant, chronically disruptive or bearing similar labels which have historically been associated with the term social maladjustment. In other words, the trend is to label students seriously emotionally disturbed and to be less concerned about the distinction between that label and one of social maladjustment. Most "socially maladjusted" students will meet one or more of the criterion of the seriously emotionally disturbed definition. From a "bottom line" viewpoint, schools are concerned about any student whose behavior is so deviant as to interfere with the benefits of regular education services and therefore require special education services. Compounding (or perhaps underlying) this practice is the widespread uncertainty regarding the desirability of the distinction between serious emotional disturbance and social maladjustment. Thus, despite good intentions and except in states having a separate category for social maladjustment or its equivalent, it is not uncommon to find students particularly adolescents whom some professional would label primarily socially maladjusted (but not necessarily emotionally disturbed) in services for seriously emotionally disturbed.

A final distinction is necessary as it relates to adolescent behavior disorders. For the purpose of this project,

adolescence is defined as encompassing ages 13 through 17. Any age range selected must be viewed as arbitrary at least from the standpoint of the data available, since data reported for federal purposes under Public Law 94-142 use the age groupings of 3-5, 6-17, 18-21. That particular approach to age grouping does, in part, justify the use of age seventeen as an upper limit. The age range the project selected was intended to approximate students traditionally served within a junior high school and senior high school educational organization, or what was originally labeled within the model as secondary level. This interpretation creates some difficulties in data comparison in those instances where a middle school pattern of organization is utilized. However, based on data and observation, the elementary-secondary differentiation appears most useful.

State Concerns about Federal Definition

Given these broad considerations related to adolescent behavior disorders, let us turn to the most consistently and intensely voiced concern across all states and all populations (personnel from state education agencies, local education agencies, institutions of higher education, mental health and corrections) that of the term seriously emotionally disturbed and its accompanying definition as delineated in the regulations for Public Law 94-142. While these concerns are discussed in the project's document on severe behavior disorders, they are reiterated herein because of the intensity of their expression and their "basicness" to the entire field of behavior disorders.

The most frequently repeated concerns are discussed below.

1. The label "seriously emotionally disturbed" tends to focus attention on children and youth with disturbances of behavior that are psychiatrically defined and/or intra-psychic. While these children and youth are appropriate for services by public education, they are only a small portion of the types of serious problems that public schools face. Many of the most serious school concerns involve behavior about whose psychiatric overtones professionals may disagree.
2. The label seriously emotionally disturbed is more stigmatizing than other label options because the label carries an inherent reference to parents and the quality of the "job" they did raising their children. The concern expressed herein is that parents feel that the admission that their child is seriously emotionally disturbed is an admission that they are "at fault" for the handicap and must bear "blame" and/or "guilt." While parents may be contributing factors in the disturbance of some children so labeled, they are not so in many more instances.
3. While it appears appropriate to assume that disordered behavior occurs on a continuum of least to most severe, the regulations for Public Law 94-142 use the term seriously emotionally disturbed. It is unclear whether the intention of the regulation was that: (a) only the seriously emotionally disturbed are

eligible for services for which the state can receive federal dollars in support, or (b) the label applies to the entire continuum of disordered behavior. If the former is the case then many state personnel expressed puzzlement as to why the qualifier "seriously" was applied only to the category of behavior disorders and not to other handicapping conditions.

4. Much concern was expressed about the actual definition accompanying the term seriously emotionally disturbed. The definition is a variation of the Bower and Lambert (1961) work. For 20 years this definition has been used in the field and by some state education agencies to identify a range of problem behavior in children, i.e., from mild and moderate to severe. The use of this same definition with a label of seriously emotionally disturbed attached has caused a great deal of confusion. In some instances the same broad range of children are identified as had previously been, but are now being called by a more severe label, i.e., seriously emotionally disturbed. This practice does a disservice to those mildly and moderately involved children who now bear the label of seriously emotionally disturbed. In other instances states have attempted to identify only the most seriously disordered children but find it nearly impossible given the broad criteria of the definition.

5. As indicated previously, a basic concern with the definition particularly as it relates to adolescents is the distinction between serious emotional disturbances and social maladjustment. Although many states are making valiant efforts to develop consistent and fair criteria for determining if given behavior problems are indicative of "social maladjustment" without "emotional disturbance," the prospect is bleak. There is no clear cut evidence or thought in the field which delineates the distinctions between these categories. No guidance is provided in the law or regulations. Therefore, it behooves professionals in the field of behavior disorders to address the ambiguities associated with the term social maladjustment. Unless Congress or the Office of Special Education can provide states with a definition of social maladjustment that is clear, consistent and adequately differentiated from emotional disturbance, the current confusion will probably remain.

State Definitions

Public Law 94-142 does not impose its specific definition of seriously emotionally disturbed on the states (although a state's definition must be judged to be identifying an equivalent group of children in order for the state to be eligible for federal dollars). Therefore, there is great diversity in the definitions used throughout the states and

territories. About 1/3 of those definitions are the same as, a variation on, or an extension of the federal definition. The remaining ones run the gambit from identifying very narrow populations to quite broad criteria. At the time of writing, five states have a separate definition for autism. Several more are considering such a change. No state or territory has a definition which reflects a distinction based on age, e.g., childhood behavior disorders, adolescent behavior disorders. Therefore any definition utilized must be considered applicable at least across all school age children and youth.

With regard to the relationship between serious emotional disturbance and social maladjustment, there are several practices which warrant attention. Since 1/3 of the states use the federal definition or a variation thereof, the exclusionary clause of social maladjustment without emotional disturbance is also evident. States using other than the federal definition use phrases such as . . . "does not include children who are socially maladjusted" . . . "does not include children who are only socially maladjusted" or "may include children with suspected emotional disturbance who are also socially maladjusted."

On the other hand, some states do not address the concern via the definition and, in a few instances, the terminology (as opposed to the definition) appears to support inclusion of the socially maladjusted. In at least two states the term "socially and emotionally maladjusted" or "socially or

emotionally maladjusted" are used. Other labels which, on the surface, might also be interpreted to include social maladjustment are "personal and social adjustment problems," "socially and emotionally disturbed" and "socially/emotionally handicapped." However, in some instances, states have clarified this term with an exclusionary statement on social maladjustment. Only in one instance was there evidence of a state attempting to provide more detailed guidelines specific to the emotional disturbances/social maladjustment relationship. In this case the state indicated that socially maladjusted students who are also emotionally disturbed should exhibit one or more of the following behaviors: (a) persistent refusal to meet minimum standards of conduct required in regular classrooms, (b) intimidation and harrassment of other students, (c) defiance of teachers and disruption of the school program, and (d) behavior so antagonistic to the purpose and program of the school that the student must be excluded from regular school attendance.

Finally, it should be noted that at least one state has created a separate category which includes those students traditionally labeled socially maladjusted. In such a case this is in addition to the federally recognized category of emotional disturbance.

State Recommendation for Definition Change

The suggestions for resolution of the concerns with the federal definition of behavior disorders are aimed directly at change of the law and regulations as they now exist. Many

people suggested that the term seriously emotionally disturbed be replaced by the term severely behavior disordered or just behavior disordered. If the term emotionally disturbed is maintained, then most state and local education agency personnel favor dropping the "seriously" altogether in order to regain balance with the accompanying definitions. Instead of changing the label or in addition to changing the label (usually the latter) there was consensus among state people that the socially maladjusted issue must be addressed. Opinion here is dichotomized. Many felt strongly that the distinction is not a valid one and should be eliminated from the definition. Not only is it impossible to make such a distinction, but schools should be free to identify as behavior disordered those students who are handicapped by virtue of their behavior and therefore do not benefit from the regular program. Prior restriction on that goal does a disservice to many children and youth. Others felt that the concept is a good one; that is, general social deviance is not a "condition" that warrants or benefits from special education as it is conceived in Public Law 94-142. However, these individuals agree that federal level guidance on making the social maladjustment/emotionally disturbed distinction is imperative. In categorical states, there was unanimous opinion to the effect that a categorical definition was a benefit to service delivery and that the Office of Special Education should maintain both a categorical definition and a categorical philosophy.

It cannot be reiterated too strongly that almost without exception, local and state education agency personnel in all sites visited are dissatisfied with the current label and definition for this population of children. The consensus is that this is not a matter of initial discomfort with an unfamiliar law, but an ongoing problem which continues to impede service delivery for behavior disordered children and youth. Only radical change of that segment of the law and regulations will ease their problems.

Project Recommendation for Definitional Change

Based on repeated and intensely expressed concerns from virtually all people interviewed (SEA, LEA, IHE, mental health and correctional personnel), the project staff has become convinced that: (1) the concerns expressed about the definition of seriously emotionally disturbed are more than an initial discomfort and/or adjustment to unfamiliar regulations; (2) the concerns are not going to resolve themselves given time and increased familiarity; and (3) therefore, it appears necessary to recommend a change of the terminology and definition in Public Law 94-142 and its regulations if consistency, order, and full service delivery for the appropriate population is going to result from the use of a definition.

Utilizing the suggestions from individual personnel interviewed and from the project's broader perspective of opinion expressed across several states, as well as extensive reading of the literature, and input from its advisory committee, the National Needs Analysis project has suggested

a revised definition which it views as an appropriate replacement for the one currently utilized in the regulations for Public Law 94-142. The rationale behind the definition is not new or radical, it is simply a revision based upon what is considered sound thought and suggestion from various persons in the field. It is offered in the spirit of providing an expedient solution to an obviously pressing problem, requiring a minimum of adjustment of the current regulations. There is a feeling among some professionals within the field of behavior disorders that an entirely new or different definition may well be necessary to fully resolve the problems created by the current definition. The National Needs Analysis Project applauds this feeling and would encourage professionals in the field to address this timely issue. However, given the history of the field in grappling with the definitional problem, the seeming lack of resolution thereof and the urgency for action impressed upon us by the persons interviewed, this project has chosen to propose a revision of the current definition. This action is taken with an acute awareness that expedient solutions may not always be the "best" ones. While the proposed definition was initially presented in the project's document on severe behavior disorders, it is included in this publication also because of its treatment of the issue of social maladjustment.

The recommended definition change is as follows (the numbering system is consistent with the current regulation format):

(8) Behavior Disorders is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(C) Inappropriate types of behavior or feelings under normal circumstances;

(D) A general pervasive mood of unhappiness or depression; or

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes children who are emotionally disturbed, autistic and socially maladjusted.

For those readers familiar with the current definition, it is apparent that the suggested change rests in the label itself and the removal of the exclusionary clause. The reasons for this change are reflected in the following discussion.

The rationale for the use of the label behavior disorders is dealt with extensively in earlier parts of this document and in the project's previous publications. Briefly reiterated, the consensus of feeling from the people interviewed and from the project staff's perspective is that emotional disturbance connotes a psychiatric problem that may have poor parenting as the cause. The validity of this connotation is not the issue as much as the fact that common usage and general perception

supports it. Schools are faced with a variety of disordered behavior that is severe enough to warrant determination as a handicapping condition. Only some of those behavior disordered children and youth are so labeled as a function of emotional disturbance. Therefore, behavior disorders is a broader conceptual term that describes overt behavior and makes no assumptions about etiology. Emotional disturbance is one "condition" that may result in disordered behavior.

Some of the field's literature has suggested that the term behavior disorders is so broad that its use would result in "over-identification" of children as behavior disordered. There are three distinct rebuttals to this concern: (1) the qualifiers to the definition, i.e., ". . . characteristics over a long period of time, to a marked degree, which adversely affects educational performance" make it clear that just any behavior that meets one of the five criterion and which a teacher or school administrator finds disagreeable is not reason enough for the label behavior disordered. The qualifiers to the criteria are as important to the definition as are the criteria themselves; (2) in actual practice, many states have essentially ignored the term emotional disturbance and identified all children and youth who fit into the guidelines of the definition. Some states even use the term behavior disorders in their state regulations. This has not resulted in any discernable "over-identification" of the behavior

disordered population, as witnessed by the fact that most states are serving far below the conservative 2 percent prevalence estimate. Perusal of the labels used by states and the percentage of children served as behavior disordered does not reveal a direct correlation, i.e., states that use the term behavior disorders are not identifying substantially more children than states who use the term emotional disturbance; and (3) in fact, one goal of the use of the broader term behavior disorders with no exclusion clause would be some increase in service delivery. This document was introduced with figures that indicated that approximately 2/3 of all behavior disordered children and youth (by conservative estimate) are unserved. It would appear that some degree of increased broadness is appropriate.

While the inclusion of autism under the label emotional disturbance is certainly questionable (this is true for other types of behavior disorders) its inclusion under the label behavior disorders appears appropriate. The two major concerns expressed by those who have advocated to remove autism from the definition of emotional disturbance are: (1) the implied etiology of emotional disturbance and (2) programming (which is not appropriate for autistic children) that results from the emotional disturbance label. The first concern is dealt with very directly. There is no implied etiology with the term behavior disorders and autism certainly is manifest in disordered behavior. The inclusion appears appropriate from that stance. The concern that programming for autistic children should be different from programming for seriously

emotionally disturbed children or behavior disordered children implies that autistic children are a homogeneous group requiring one set of interventions while other behavior disordered or emotionally disturbed children are different homogeneous groupings requiring a different set of interventions. Nowhere is there an inference either in the current term seriously emotionally disturbed or in the recommended term behavior disorders that one set of programming interventions is appropriate for all children so labeled. The fact is that each child's needs determine his/her program and the IEP is the appropriate mechanism for determining that individual program. The term behavior disorders as an umbrella term which includes autism will not interfere with appropriate programming for any child, autistic or otherwise.

The inclusion of social maladjustment under behavior disorders will be initially misconstrued by many. However, the rationale for the inclusion in many ways parallels that used with autism. Across the years the concern about emotional disturbance and social maladjustment has rested upon the presumed difference in etiology. In other words, it is agreed that a specific overt behavior labeled deviant may be deemed so because of internal emotional disorganization or disturbance or for reasons of a more externally based, socially oriented nature. The crux is not therefore, the behavior itself but the presumed etiology. Since there is no implied etiology with the term behavior disorder and given that both emotional

disturbance and social maladjustment are manifested in disordered behavior, the inclusion of both within behavior disorders appears appropriate and reasonable.

One might extend this rationale further by an honest examination of the state of the art or sophistication of the field as it relates to reliable and valid identification based upon etiological factors. It is apparent that many school districts are currently struggling with the basic identification of what constitutes disordered, disturbing or deviant behavior. Let us assume (and hopefully we can) that based on objective means including direct observation, we can, in fact, document a behavior or series of behaviors as disturbing or disordered. What confronts us here then is not a matter of technology but rather of teaching current and potential practitioners the tools for identifying such behavior. On the other hand, given deviant behavior it is a second and distinctly more difficult step to determine why that behavior is disordered. It is here that inference and subjectivity run rampant and the solidarity of the identification process begins to crumble. Yet it is at this step that the distinction between social maladjustment and other forms of disturbance is made. It would appear that such differentiations are being made on very tenuous grounds and need to be cautiously treated. At this level it is not a problem of teaching a technology, but rather the need to develop a technology of a more objective and reliable nature. Until such a foundation exists, the distinction between social maladjustment and emotional disturbance is of questionable value.

If concern about distinguishing between serious emotional disturbance and social maladjustment focuses upon a need for differentiating programming, again the argument advanced earlier with regard to autism holds merit here also. It would be misleading to imply that socially maladjusted youth constitute a homogeneous group and hence require one set of prescribed interventions while other behavior disordered or emotionally disturbed children are different homogeneous groupings, necessitating a different set of interventions. It is through the mechanism of the IEP that the program of each child, regardless of label, is determined. Thus the use of the term behavior disorders to include social maladjustment will not interfere with appropriate programming for any child, socially maladjusted, autistic or emotionally disturbed.

Finally, it appears that historically an informal and erroneous assumption has developed that equates social maladjustment and juvenile delinquency. Social maladjustment is <u>not</u> viewed by this project as synonymous with delinquency. Delinquency is the label which results when children and youth are adjudicated. Adjudication is not a criterion for determination of disordered behavior. It is possible, even likely, that some youth who have been or will be adjudicated (and therefore delinquent) may be identified as behavior disordered. However, the determination of behavior disorders results from application of the definition criteria and is not determined by a child's or youth's legal status. The merit of such a differentiation is also evidenced by the number of states

that have changed their regulations which heretofore automatically classified all adjudicated youth as emotionally disturbed or socially maladjusted. Under revised regulation in these states to receive special education services an adjudicated youth must be identified as handicapped according to the appropriate definitional criteria not by virtue of being adjudicated.

In summary, it is felt that the definition suggested earlier in this discussion will provide SEAs and LEAs with clear, consistent guidance in their efforts to provide services to children and youth whose behavior is so disordered as to constitute a handicap within public education. The definition makes clear that any "type" of disordered behavior, i.e., emotional disturbance, social maladjustment, autistic, etc., is appropriate for service delivery if it meets the criteria and qualifiers of that definition. Attempts to remove certain "kinds" of behavior problems appears questionable and counterproductive.

Summary

The definitional problems relative to the term adolescent behavior disorders, behavior disorders, seriously emotionally disturbed, and any other term used to identify youth with problem behavior are multifaceted. There is controversy concerning what constitutes the "best" term, the definition for such a term, and implications of changing terms, etc. For that reason, in this chapter, the project has described the term to be used in this document and the

population to which it refers. A discussion has been presented of the different perspectives of the definitional controversy. It is felt that while services can be and obviously are provided to students with problem behavior, more such students would be identified and served if more clear cut guidelines emanated from federal regulations. For that reason, the project has offered a revised definition that it sees as a viable replacement for the one currently used in the regulations for Public Law 94-142.

CHAPTER III

HUMAN RESOURCES

In examining the topic of human resources it is necessary to explore several discrete but related issues. This chapter first considers the prevalence of served and unserved behavior disordered adolescents. Certification patterns (a quality issue) among the teachers providing service to these youth are examined and attention is also directed to the ancillary personnel involved with this population. The chapter then turns to the topic of need (quantity issue) for teachers and ancillary personnel. Finally attrition and its impact on human resources is considered.

Prevalence of Adolescent Behavior Disorders

It is somewhat difficult to obtain an accurate picture of prevalence of behavior disorders among adolescents as separate from the entire range of behavior disordered children and youth served in each state. This is due to that fact that most states "lump" the child count data into the broad age categories utilized within the Annual Program Plans; i.e., 3-5, 6-17, 18-21. However, several states were able to provide data broken down by individual chronological ages or more constricted age groups, e.g., 14-18, 11-18, etc., facilitating an estimate of the numbers and percentages of behavior disordered youth from age 13 through 17 being served.

There are several vantage points from which one can view the prevalence of adolescent behavior disorders including: (1) percentage of secondary school students labeled behavior disordered; (2) percentage of labeled behavior disordered students who fall within the secondary school age range, and (3) percentage of school programs for behavior disordered students which are provided at the secondary level. Of these comparisons, the former two probably are the most meaningful, although the latter estimate serves to confirm or support the trends observed in the other estimates.

Earlier in the document and in previous project publications, discussion of the prevalence of behavior disorders in general has been presented. Thus the literature posits an overall prevalence ranging from 2-12 percent while the data from the Annual Program Plans for 1977-78 indicate that 88 percent of the states are serving 1 percent or less of the anticipated population of behavior disordered children and youth. When narrowing the focus to behavior disorders at the secondary level, the prevalence encountered (where estimation was possible) was similarly constricted to the 1 percent or less range. This coincides with the lower end of the prevalence range of .005 to 15 percent cited in previous literature (Clarizio and McCoy, 1976; NASDE, 1978; Schultz et al., 1971).

A second means of gaining a perspective on the prevalence of adolescent behavior disorders is to examine the elementary/secondary split within the total behavior disordered school

age population. Estimates of the percentage of behavior disordered students served within secondary schools range from 42 to 66 percent, with the lower percentages usually reflecting a more constricted age range (14 through 18) while the higher percentages include a lower age range (11 through 18). This roughly coincides with the secondary distribution within the overall school population, which was estimated at 40 percent in the early 1970s. The recent years have seen this percentage shift slightly toward secondary aged students. In at least two states visited the percentage of all secondary level students had risen to over 45 percent. In general an estimate of 50 percent appears a "safe" rule of thumb reflecting the current state of the art relative to secondary level prevalence compared to the total behavior disordered school age population.

This estimate assumes additional meaning when examining the elementary/secondary split relative to actual programs for behavior disordered children and youth. Analysis of program data show that from 50 to 55 percent of public school programs for behavior disordered children and youth are at the secondary (junior high-senior high) level.

Several aspects of these data are particularly interesting and warrant some attention. While the data may support a near 50/50 split in both prevalence and programming in elementary/secondary level behavior disorders, impressions gained from verbal interactions with the various professionals interviewed paint a different picture. Pervading the state visits was a very discouraging, dismal impression of the general state of

affairs relative to adolescent behavior disorders, particularly when contrasted to the current efforts at the elementary level. Yet subsequent data anlaysis indicated that, in reality, our efforts are almost equally divided between the two organizational levels. Why the dissonance? One can hypothesize and sometimes substantiate the reason(s) underlying the negative state of affairs. It does appear that it reflects a concern for a large unserved/unidentified adolescent population. In other words, the need for growth in services in behavior disorders is felt more keenly at the secondary level. This is coupled with numerous other factors such as: (1) serious personnel shortages, (2) the awareness that large numbers of problem students drop out or are pushed out of the secondary schools, (3) disenchantment and frustration with the quality of personnel trained at the secondary level, (4) the lack of tolerance of the educational system for rule-breaking behavior the further upward one advances in the system, (5) the existence of a multiplicity of other problems at this level including academic failure, truancy, vandalism, violence, drug and alcohol abuse, sex related problems and an increasing suicide rate, and (6) a general sense of confusion or lack of definitive direction as to what constitutes appropriate programmatic interventions for behavior disordered students at this age. Further, these must be placed against the back-drop of the upheaval associated with the developmental period of adolescence. It, therefore, comes as no surprise that while data show 50 percent of all programs for behavior disordered

students are at the secondary level, this in no way comes near to approximating the felt need for services for this population.

Finally, it should be noted that the figures cited previously take into consideration the social maladjustment issue. In several instances either because of the use of terminology (emotional/social maladjustment) or of data on youth counted in a separate category which is roughly equivalent to social maladjustment, e.g., chronically disruptive, the figures for both prevalence and programming reflect the inclusion of socially maladjusted youth. Despite this inclusion the figures are fairly consistent across the states, that is, inclusion of data on socially maladjusted youth does not appear to "balloon" prevalence figures.

Estimates on Unserved Behavior Disordered Adolescents

It is virtually impossible to accurately assess the numbers of unserved behavior disordered adolescents. The little data available suggest that from 10 to 14 percent of the identified behavior disordered students were not receiving special services. Many of those were not receiving services due to parents' refusal to allow placement. This factor appears to reduce that unserved number by half. Of the remaining 5 to 7 percent there is no way to verify what proportion are adolescent age. It was, however, the subjective opinion of personnel in all states that the unserved behavior disordered children and youth (unless unserved due to lack of parental consent) were most often adolescent age, not enrolled in school,

continually truant and/or continually suspended, and usually were at the severe end of the behavior disordered continuum. Because of the difficulty of their problems and the often unpleasant and nonreinforcing task of working with them, they are "left alone."

The 5 to 7 percent figure is deceiving in that it appears small and rather insignificant. However, when considered in light of the fact that it represents 5 to 7 percent of the identified behavior disordered population and that the total figure is usually from 1/2 to 1 1/2 percent below national prevalence estimates, the numbers behind those percentages assume more alarming proportions.

As indicated previously, across all states, personnel interviewed expressed concern that large numbers of behavior disordered adolescents were unserved. Often cited as a major obstacle to an accurate determination of the size of the problem is the fact that as of September 1, 1980 federal law mandates that all identified handicapped ages 3-21 must be served. Local and state education agencies are understandably concerned, therefore, about identifying more behavior disordered youth than their service delivery systems can accommodate. Many state and local people felt that identification is being delayed until program "space" becomes available. Given such a practice, on the surface there are no waiting lists of identified but unserved students. One of the states visited has survey data to this effect, i.e., as soon as new programs are made available, there are behavior disordered students

immediately ready to fill them. While it may be understandable that states do not wish to compile lists of activities which show them to be in noncompliance with Public Law 94-142, there are some serious problems with "delayed identification." Notable among these is the fact that without documented need it is difficult to obtain funds for additional services.

In addition, one cannot ignore the numbers of students who have voluntarily left school or been "pushed out" of the system. While it is impossible to obtain an accurate picture of the number of students, particularly behavior disordered youth, who fall in this category it has been indicated that as many as 5 percent of secondary level students are not enrolled in the public schools. One wonders what percentage of this represents students with severe behavior or social adjustment problems whom school officials have actively discouraged, conveniently overlooked or purposely "lost" in the course of pursuing an education at the secondary level.

Finally, there are numerous students who, it is suspected, are receiving "substitute" services. While not qualifying as unserved in the strict sense, their problems are being dealt with in a "stop gap" fashion. Inadequate services in the form of less-than-fully certified teachers, homebound instruction and resource rooms inappropriately used, etc., may be just as problematic for behavior disordered adolescents as no services. All these various problems provide obstacles to accurate data collection on population needs. This, in turn, seriously threatens long term planning in the area of adolescent behavior disorders.

Certification of Teachers for the Adolescent Behavior Disordered

Certification for teachers employed in programs for behavior disordered adolescents reflects a variety of patterns and combinations. Of course, the vast majority of teachers hold some form of certification in behavior disorders. (The issue of full vs. temporary certification will be discussed later in this section.) By far the most common form of certification encountered within behavior disorders is for levels K-12, although a growing number of states have or are considering the separation of certification by levels, e.g., K-6, 7-12; K-8, 7-12, etc. Differences in certification requirements between the elementary and secondary levels usually take the form of: (1) psychology--child vs. adolescent, although in the case of overlap, K-9, 7-12, both aspects of psychology may be required of the candidate seeking K-9 certification; (2) curriculum and methods courses--elementary vs. secondary, this differentiation is applicable for both regular and special education where both are required for special education certification; (3) student teaching or practicum--elementary vs. secondary, again applicable to both regular and special education where required; and (4) the inclusion of a requirement related to career or vocational education in the secondary certification.

It is most common to find that teachers of behavior disordered adolescentshold regular education certification at the secondary level in addition to their special education certificate. This regular education certification is subject

or content oriented. Thus the typical certification pattern for teachers of behavior disordered adolescents is a combination of: (1) behavior disorders grades K-12 and (2) regular education subject area, e.g., english, math, social studies, grades 7-12. Of course, a wide variety of combinations are possible including grades 7-12 certification in both regular education and behavior disorders or grade 7-12 certification in behavior disorders unaccompanied by any regular education certification. Finally, it should be noted that while certification in behavior disorders is available as a separate certification in numerous states, in other instances teachers serving behavior disordered adolescents may be certified cross, multi- or noncategorically.

In the states visited and according to federal reports by other states, a surprisingly low number of behavior disordered adolescents are being served by uncertified personnel, e.g., persons not certified in behavior disorders. This appears to contradict the fact that lack of certification is an often cited compliance problem in PARs. It would appear that such citations occur as a result of a few cases found in many different states. Overall there appear few uncertified people in the states' service delivery systems for for behavior disordered adolescents. These numbers are, however, very misleading. Where state statistics may show all but one or two teachers of behavior disordered adolescents in a given facility are certified, inspection of the type of certification held is the real issue. All states carry some

provision in their regulations which allow for "temporary," "provisional" or "emergency" certification. Requirements for obtaining such certification vary widely. In some states a relatively strict code may require that a person have some coursework in behavior disorders (in addition to other requirements) in order to get a temporary certificate. In other states it is possible to obtain such a certificate without even having a regular education teaching certificate. Thus, in order to understand the overall quality of certification of personnel involved with behavior disordered adolescents it is necessary to peruse data on types of teaching certificates.

While the problem exists in public schools, most particularly in rural areas where trained personnel are fewer, the most common use of temporary certification is in mental health and youth correction facilities. The reasons for this phenomenon are varied. In some places hiring systems assure continued employment to teaching staff hired prior to Public Law 94-142 requirements. That staff, for whom behavior disordered certification was not a requirement when hired, can maintain their positions by "working toward" certification in behavior disorders at the rate of three, six or nine credit hours per calendar year. In a given facility, for example, it is possible to have all of the teachers who work with behavior disordered adjudicated youth on temporary certification, renewable each year as long as progress continues toward a degree and/or certificate. In some states,

particularly those with serious personnel shortages, mental health as well as correctional facilities find themselves faced with large numbers of temporarily certified staff due not only to such "grandfathering" but also to staff attrition, specifically certified persons taking higher salaried jobs within the public school. This situation is particularly distressing to institutions that are committed to improved quality and which choose to use money incentives to encourage their staff to work toward full certification in behavior disorders only to lose them to public schools when they achieve that full certification.

State and local education agencies are dichotomized relative to their position on the issue of temporary certification. Some persons feel that temporary certification is the only vehicle for getting a comprehensive statewide service delivery system in place. Given the current and ongoing shortage of certified teachers in behavior disorders, it is necessary to use temporary certification as a means of getting programs started. Once programs exist, states can continue the slow process of training and hiring fully certified teachers. (Most state teacher training institutions combined are providing 1/5 or less of the needed teachers each year for their state.) Proponents of this position also argue that many of the temporary certificates go to quality persons whose background is appropriate to the population with whom they work.

Other state and local personnel have taken the position that large numbers of temporarily certified teachers lower the overall quality of services to behavior disordered adolescents. Further, the problems encountered by inadequately certified teachers offset any advantage accrued by getting the appropriate number of programs in existence sooner. Proponents of this position feel it is preferable to build service delivery programs only at the rate that strong (certified) teachers are available to teach them.

There is, of course, merit in each position. However, there is increasing pressure to assume the former stance by virtue of the 1980 deadline for services to all handicapped children. If massive numbers of temporarily certified persons are needed in order to keep a state in compliance and hence not jeopardize federal funds, then that will continue to be a pattern and will most likely increase over the 1981-83 Fiscal Years.

Probability of increased temporary certification not withstanding, most state personnel, whether they resist the move or embrace it as a realistic necessity, feel that it lowers the quality of service delivery to behavior disordered adolescents and creates credibility problems with regular education personnel and parents. Furthermore, since the behavior disordered adolescent is usually more difficult to work with, the problem is compounded when fully certified behavior disordered teachers take positions serving more mildly disordered or younger aged children. This leaves proportionately

more vacancies in the programs for the behavior disordered adolescents thus proportionately more temporarily certified teachers.

Since the most frequently encountered form of certification in behavior disorders is K-12, it is difficult to get an accurate picture of the less than fully certified teachers in programs for behavior disordered adolescents. However using the 50 percent figure presented earlier, it is possible to roughly estimate the number of less than fully certified teachers. If 15 percent of a state's employed behavior disordered teachers are less than fully certified, 50 percent of that (or 7.5 percent) represents the approximate number of less than fully certified teachers in programs for behavior disordered adolescents. There is reason to believe that such an estimate is conservative since there tends to be proportionately more temporarily certified persons involved with the older age students. Given the difficulty associated with teaching behavior disordered adolescents and the paucity of secondary teachers produced by training programs in behavior disorders, it is probably realistic to assume that more than one-half of a state's less than fully certified teachers are involved with behavior disordered adolescents. The reported percentages of temporarily certified personnel in the states visited ranged from 3 percent to 50 percent.

These figures represent all of a state's certified teachers in behavior disorders. If the data were broken down by setting, i.e., public school, mental health facilities and

youth correction facilities, the percentage of less than fully certified teachers in public schools would be considerably lower than the percentage of less than fully certified teachers in mental health and youth correctional facilities. The range of temporarily certified teachers for labeled behavior disordered youth in these latter settings was from 3 percent to 51 percent in the states visited. If the data were broken out according to rural/urban settings there would again be a large discrepancy. Many urban areas have no temporarily certified teachers in behavior disorders, while many rural areas have up to 75 percent of their behavior disordered teachers temporarily certified. These issues and many others related to certification in general are discussed in detail in the document on human resources. It is possible, however, to see that states face problems not only in total numbers of temporarily certified people for behavior disordered adolescents but also in the distribution of those teachers.

Ancillary Personnel Serving the Behavior Disordered Adolescent

Federal reporting as well as the project's visits indicates that all states have personnel in addition to teachers involved in services to behavior disordered youth. Although not exhaustive, the following represents the range of personnel delineated by state and local agencies as providing support or ancillary services:

Adaptative physical education personnel
Aides
Art therapists
Audiologists

Consultant/specialists: crisis intervention, curriculum, media, resource
Counselors: school, child guidance, adjustment
Home school coordinators: visiting teacher
Music therapists
Nurses: school, special education, visiting
Occupational therapists
Physical therapists
Physicians
Psychiatrists
Psychologists: school, consulting, clinical
Psychometrists
Recreational therapists
Speech therapists
Social workers: school, psychiatric
Substitute teachers
Teacher consultants: diagnostic teachers, program support teachers, educational strategists
Vocational personnel: work adjustment specialists, school vocational rehabilitation counselors, work study coordinators, work experience instructors, work therapists

Other personnel from:
- juvenile courts
- mental health facilities
- social service agencies
- correctional facilities
- welfare agencies
- religious organizations
- family services agencies
- community agencies/organizations--Parks and Recreation, Big Brother

In larger public school districts a youth may have access to several of the above. This is also true of most state operated or state supported facilities. In fact, the following represents those ancillary personnel whom the states identified as being systematically included in the provision of services for behavior disordered youth:

- counselor
- nurse
- physical therapist
- physician
- psychiatrist
- speech therapist
- social worker
- vocational personnel

personnel from:
- juvenile court
- social services
- family services
- advocate agencies
- religious organizations
- mental health

On the other hand, in rural areas only a very limited number (one or two) from the above list of ancillary personnel may be available. This latter situation causes a serious dilemma for staff involved in writing IEPs for behavior disordered adolescents. Ongoing practice reveals the inclination of committees to recommend for students only those services that are readily available which is not necessarily synonomous with what a student needs. In areas with severely restricted access to ancillary personnel, it is felt by most state and local people that students are not receiving the most appropriate combination of services.

Finally, as state and local personnel reflected on ancillary personnel with whom greater contact would be desirable and, in fact, necessary as part of the delivery of services to behavior disordered adolescents, vocational personnel and juvenile court/correctional personnel were repeatedly mentioned. One interesting sidelight to this inquiry was the frequency with which the building principal was cited as a pivotal person in the development and implementation of services to behavior disordered youth.

Projected Need for Teachers and Ancillary Personnel

In order to assess the current and future need for teachers of behavior disordered adolescents, it is necessary to begin with the states' data on projected need for all behavior disordered teachers. Most states have well documented data relative to the number of behavior disordered teachers

employed and needed for the current year (and projected for future years). However, the raw numbers for each state cannot yield any meaningful comparisons or ranges because of varying state size. For that reason, the number of teachers needed has been added to the number of teachers employed, yielding a figure for the optimal number of teachers in the field of behavior disorders. Teachers needed are then examined as a percentage of the optimal number. For example, if a state employed 70 teachers in behavior disorders and needed 30 more, the optimal number of teachers would be 100. This means that the state is experiencing a 30 percent shortage of teachers for all behavior disordered students. To estimate the need for teachers of behavior disordered adolescents, it is necessary to use the 50 percent estimate presented earlier. Thus, of the 30 percent teacher shortage in the example state 15 percent represents the shortage of teachers for behavior disordered adolescents. Keep in mind, however, that this estimate is probably low due to difficulty of working with this population and the scarcity of teachers graduating from training programs who are specifically trained for the adolescent population.

In the states visited the shortage of teachers for behavior disordered adolescents in 1978-79 ranged from 17 percent to 29 percent with most groupings in the upper half of that range. For the 1979-80 school year and subsequent years through 1983 the percentage (not just number) continues to rise. That is, increased demand coupled with attrition outdistances supply. As a field we seem to be losing on the

problem as opposed to gaining. This pattern will probably continue for the next three to four years until program size predictably should "top out." These estimated figures on need are disturbingly high. They are even more distressing in light of their decidely conservative nature. That secondary level behavior disorders ranks as an area of acute teacher shortage certainly reflects the consensus of all personnel interviewed.

The picture is much the same for ancillary personnel. The estimated range of shortage for all ancillary personnel positions serving behavior disordered students is from 13 to 20 percent, or a 7.5 to 10 percent shortage specifically in the area of adolescent behavior disorders. Again the conservative nature of the estimates is as disturbing as the figures themselves.

Attrition and Burnout

When discussing need and attrition in behavior disorders it is critical to give consideration to the phenomenon of burnout. There appears to be an informal practice within the field of behavior disorders to equate the concepts of attrition and burnout. This is not an accurate or useful practice. Attrition is a broader term which refers to the numbers and/or percentages of persons who leave a given employment position in a year or set of years. There are many reasons for attrition: (1) advancement within the field; (2) parallel movement, i.e., from teaching in one district to teaching in another--this may be the result of moving to a more desired geographic location, to assume a more desirable

job, to accommodate a spouse's employment, or to be near family, etc.; (3) burnout, (4) temporary retirement from the field; (5) returning to school for additional training, etc. Attrition simply refers to the total number of persons who leave a given job. Burnout is a subcomponent of attrition. It refers to those persons who become tired, frustrated, or unhappy with their positions, and with the whole field of endeavor, and who leave that field permanently. The stereotypic example of this is the classroom teacher of behavior disordered adolescents. The students are verbally and physically abusive, the class demands high energy levels on a constant basis, and the reinforcement system is not adequate. After one or two years the teacher is burned out and leaves the field of behavior disorders altogether.

Although burnout is a serious concern among many of the persons interviewed, it is also obvious that the overall attrition rate is much higher than the rate for burnout. It is not sufficient to assume that the personnel shortages which the field of behavior disorders is experiencing can be "written off" to burnout. Some burnout exists, but other factors related to general life goals (economics, mobility, and self-selection) play at least as important a role.

Attrition rates. The teacher shortage problem is exacerbated by high attrition rates in at least some areas of all states. Generally speaking, rural areas experience more attrition than do urban areas; adolescent programs experience more attrition than do elementary programs, and programs for

severe behavior disorders experience more attrition than do programs for mild behavior disorders. In each state, reports ranged from "little" attrition to "high" attrition (50 percent or more). More states reported the higher turnover rates. In one state an excellent study by Smith (1979) was conducted on attrition. The results indicated that, averaged across all geographical areas and ages, in the five years from 1973-1978, there was a 53 percent loss of personnel in behavior disorders. The first year (1974-75), 21 percent of the teachers hired in 1973 were no longer in their job positions. Another 7 to 11 percent left each year until in 1978-79 only 47 percent of the original group of teachers remained. Even an optimistic interpretation would indicate that attrition is draining both expertise and dollars from the field.

Attrition rate comparison. As indicated, over a five year span (1973-1978) one study found a 53 percent loss of personnel in behavior disorders. The comparison of this figure for attrition in behavior disorders to the figures for attrition of personnel involved with other areas of handicapping conditions is very interesting. Following are the five year attrition rates for personnel in other areas of special education as well as selected ancillary personnel.

Mentally Handicapped	47%
Orthopedically Handicapped	51%
Blind	41%
Hearing Impaired	44%
Trainable (Mentally Retarded)	46%
Learning Disabilities	34%
Speech Correction	41%
Social Worker	39%

School Psychologist	41%
Homebound	38%
Consultant on Physical Impairment	50%
Consultant on Mentally Handicapped	54%
Occupational/Physical Therapist	34%

Only one group (Consultants for Mentally Handicapped) have a higher attrition rate (54 percent) than do personnel in behavior disorders. Except for those two, the range of attrition is 34 percent to 51 percent. Although attrition over a five year period is more than half of the work force in behavior disorders the "best" attrition rates (learning disabilities, occupational/physical therapists) still indicate that 1/3 of the persons in a given job leave it.

Due to the known problems in behavior disorders related to the available quantity and quality of personnel for teaching and administrative positions, a 53 percent attrition rate is alarming. However, there is a need to examine this attrition rate not only in comparison to the rates of other special educators but also to regular education and non-education jobs. It must first be determined how much attrition is "normal" and then develop strategies for reducing excess amounts. This issue is dealt with in greater detail in the document on human resources.

Summary

It becomes readily apparent that there are some serious problems with both quantity and quality of professional personnel in the area of adolescent behavior disorders. There are not enough teachers to fill existing vacancies for the "served" population. If one adds to that the number of

teachers needed for the as yet unserved adolescent behavior disordered population, a large deficit of teachers is apparent. A parallel situation exists with ancillary personnel. Conservative estimates indicate that, with certain geographical exceptions in each state, there are major problems in obtaining staff to provide services to these students. This is a serious quantity problem. Equally serious is the quality problem represented by the large numbers of temporarily certified teachers. Numerous agencies must by necessity be involved in the development and implementation of plans to address these complex human resource issues. While some of the parameters involved in personnel planning have been presented in this chapter, other factors will be discussed in subsequent chapters.

CHAPTER IV

TRAINING: PRESERVICE AND INSERVICE

This chapter presents information gleaned by the project as it explored the general area of training. For its purposes, the project defined preservice as college training leading to a degree and/or certification which preceded employment with the population under consideration. Within this framework we examined the number and nature of training programs within institutions of higher education and the numbers of persons trained. Inservice, on the other hand, was defined as training delivered to personnel currently employed in serving behavior disordered adolescents. These data are organized according to the various service delivery systems in which personnel are employed. Finally a critical exploration of the concept of inservice is presented.

Preservice--Program Content

In discussing the state of the art of preservice training programs in behavior disorders with specific emphasis upon adolescents there are three variables which warrant examination: service delivery environment, severity and age level. While the latter factor is by definition a concern, the other two factors also impinge on the training of personnel to work in programs for behavior disordered adolescents and therefore are included in the following discussion.

As one might expect, the number of training programs designed with specific emphasis on secondary level behavior disorders is relatively small. It is important immediately to clarify that by "specific emphasis on secondary level behavior disorders," we mean a separate training program in this area. By virtue of the prevalence of K-12 certification in behavior disorders, many IHEs report that they are, indeed, training teachers to work with behavior disordered adolescents. However, closer examination of such training programs raises some serious qualitative issues. In actuality, training for secondary level behavior disorders within such programs ranges from no coursework or practicum in adolescent behavior disorders (simply receipt of the certificate which reads K-12) to one methods course on secondary level behavior disorders and a practicum (student teaching) at that level. In fairness many of the trainers in such programs admit the limited scope of the training they provide.

In the states visited, 20 to 50 percent of the IHEs indicate the existence of training programs for behavior disordered adolescents. However those figures must be interpreted cautiously in light of the previous comments. Data from a national survey (Alper,1980) indicates that a much smaller percentage (7 percent) of IHEs have separate or distinct training programs in the area of secondary level behavior disorders.

What, then, is the nature of these training programs which place a stronger emphasis on behavior disordered

adolescents? In general, the trainers interviewed delineated the following components: (1) adolescent psychology, (2) methods courses (diagnosis and evaluation, materials, curriculum, programming, behavior management) for the behavior disordered adolescent, (3) career or vocational education for the behavior disordered adolescent and (4) practicum (student teaching). Other areas which may also receive attention within secondary level behavior disordered training programs include characteristics of the behavior disordered adolescent, juvenile delinquency, drug and alcohol abuse, and abnormal psychology. Typically a student trainee might expect to receive from 14-20 credit hours of work specific to the education of behavior disordered adolescents.

While teacher trainers appear to be attempting to conscientiously develop and implement training programs for behavior disordered adolescents, factors such as limited student enrollment (hence limited fiscal support) and limited faculty skill and/or experience in secondary level behavior disorders are seriously inhibiting the growth and quality of such programs. Furthermore, local school districts are frequently frustrated and disenchanted with the graduates of current training programs. This project spent considerable time and effort with various service delivery personnel exploring their criticisms and their perceptions of the attributes necessary for a successful teacher of behavior disordered adolescents. Several points were repeatedly and strongly voiced by service delivery personnel. Familiarity

with the organization and structure of the secondary school system appears essential. Because secondary schools are uniquely different from elementary schools it is critical that teachers have an understanding of the attitudes and bureaucracy which exist at that level. So critical is this knowledge that many people felt that teachers of behavior disordered adolescents should be recruited from among the ranks of good regular education secondary teachers. Paralleling this familiarity with secondary school structure is the need for awareness of alternative educational models at this level.

In a somewhat different vein, service delivery personnel identified the area of human interaction or relations as another priority. Translating this into training became more difficult. While mention was made of requiring that students take coursework on human relations, more frequently the concern about this skill was related to personal attributes such as self-confidence, being "in tune" with oneself, having one's "head on straight," etc. Because of the difficulty of working with this level student, it is essential that a teacher have a good solid understanding of himself/herself, but exactly how training programs should address this evaded even the service delivery personnel. It appears to be one of those elusive attributes that we all can observe in the successful teacher but proves frustrating when selecting and training potential teachers. In fact, there was some hesitancy expressed about the ability of institutions of higher education to "train" such attributes, thus increasing the implications for

selection of appropriate trainees. In any case, the consensus by all personnel interviewed, not only the service providers, is that it takes a "different" person to work with behavior disordered adolescents.

Another area of concern related to the overall direction of training programs for teachers of behavior disordered adolescents focused upon service delivery environments. Although services to behavior disordered youth occur in different environments, i.e., public schools, facilities for neglected or delinquent, mental health facilities, and private schools, there appears to be virtually no systematic effort to train teachers differentially at the preservice level. Almost without exception, colleges and universities report that the only distinction in training programs relative to eventual service delivery environment is the type of placement a student receives for his/her practicum (student teaching) experience. This is consistent with state certification patterns which also do not differentiate between service delivery environments with regard to type of certification issued. We do not mean to imply that such distinctions should be made, but simply to reflect on the concern expressed by many state and local education agency persons that graduates of preservice training programs are often not prepared for the jobs ahead of them, particularly in youth corrections, mental health facilities, and adolescent age severely behavior disordered programs.

Related to this issue about service delivery environment is the concern that, in general, students exit training programs unprepared to deal with the more severely behavior disordered students. In other words, most training programs prepare teachers for a generic group of behavior disordered students and there is little specific emphasis on the special needs relative to the extreme end of the continuum. For the most part, teacher trainers agree with this characterization of preservice programs.

Some institutions of higher education have attempted to address this concern by emphasizing severe behavior disorders among the handicapping conditions included in multi-categorical, cross categorical or non-categorical training programs for "severely handicapped." The general consensus (institutions of higher education personnel as well as state and local education personnel) is that because of the historical background of these programs and the training of the faculty involved in teaching the coursework, such so-called severely handicapped programs are in reality heavily oriented toward severe mental retardation. At present these programs do not appear to be having significant impact on the problem of inadequate training for teachers of severely behavior disordered youth.

Additionally, there was strong sentiment expressed in the categorically oriented states that non-categorical or cross-categorical teacher training and service delivery models actually hurt the development of a cadre of professionals dedicated to teaching behavior disordered students. It appears

that prospective teachers seek multi-categorical certification (usually behavior disorders, learning disabilities, and mental retardation) in order to have job flexibility. In reality, however, because of: (1) feelings of inadequacy, (2) frustrations, and/or (3) sheer difficulty of teaching the population, teachers actually chose jobs in learning disabilities or mental retardation or perhaps resource work with mildly behavior disordered students. Very few deliberately pursued positions with severely behavior disordered adolescent age students. Some states pronounced the situation so critical that they felt the necessity of federal intervention. In other words, some states simply felt that the Office of Special Education could and should foster teacher training in the area of behavior disorders by insisting that institutions of higher education support their programs in non-categorical mild behavior disorders through internal institutional dollars and use federal monies for categorical programs in behavior disorders, particularly at the secondary level. There is, in fact, indication that the Office of Special Education is increasing its focus on training programs in the area of severely handicapped although not necessarily within a categorical framework. For example, the DPP/OSE priorities for the 1981-83 funding cycle targeted training programs in the area of adolescent serious emotional disturbance.

Preservice--Number of Teachers Trained

As previously indicated few institutions of higher education train teachers specific to secondary level behavior

disorders. In addition these programs are relatively small in size with enrollment ranging from 0-5 persons per program. These raw numbers may not be extremely useful in looking at overall trends in preservice training. It may be more helpful to view the numbers of teachers trained in behavior disorders first in light of overall teacher need and then to estimate "50 percent plus" of that number as representing the approximate (though conservative) need for teachers of behavior disordered adolescents.

Data from the states indicate that in combination institutions of higher education in most states are training between 2.5 and 25 percent of the teachers needed by that state in secondary level behavior disorders. Since few if any states fill all their own vacancies much less "export" additional teachers, the shortage is nationwide. Further, those percentages assume that all trained persons pursue careers in their major field of training. Some states indicate that 20 to 30 percent of all newly certified graduates do not seek employment in their area of training. That information added to the 5 to 40 percent attrition experienced by states each year paints a rather dismal picture for both the present and the future in terms of finding adequately trained persons for the positions available in programs for behavior disordered adolescents.

Inservice--Public Schools

By far the largest amount of inservice, i.e., retraining and/or additional training of currently employed staff, is

conducted by public school districts. The purposes are to upgrade staff, provide advancement opportunities, effect behavior change in faculty and/or administrators and in some instances lead to certification (licensure). Inservice topics may be selected by conducting a needs assessment of the potential inservice recipients or by administrator preference. Public schools may provide the inservice using expertise within their own or other school districts, using faculty from colleges and universities, using state education agency staff, or utilizing area education agency or intermediate school district personnel. Some states use a combination of these sources. Some, on the other hand, rely totally on one source. Regardless of the method of topic selection and the persons providing the training, there is virtually no inservice conducted specific to behavior disordered adolescents.

Behavior disorders related inservice is offered in all states, but seldom focuses on only adolescent age students. The usual topics include: behavior management, behavior modification, mainstreaming behavior disordered students, and identification of behavior disordered students. The viewpoint expressed here is not that such inservice is superfluous; rather, it is vital and some states have made impressive strides in providing sound inservice on general behavior disorders to their teachers of behavior disordered children. The concern is for the lack of additional focus on the specific needs of behavior disordered adolescents.

Finally, it should be noted that some inservice is directed toward the adolescent age student, e.g., career/vocational education. However, in most of these instances the focus is generally multi/cross- or non-categorical in nature as opposed to addressing the adolescent population within behavior disorders.

One positive difference in this area has been observed in the APPs submitted prior to 1980 and those submitted for 1981-83. There appears to be a growing emphasis upon inservice in behavior disorders including the secondary level in the CSPD sections of these more recent APPs.

Inservice--Mental Health and Neglected or Delinquent Facilities

Paralleling the lack of inservice in the area of secondary level behavior disorders within the public school is a dearth of such efforts in mental health and youth corrections facilities. Mental health facilities offer a range of inservice with a medical, psychiatric, and/or related therapies orientation. Also, they may provide some inservice on behavior management or behavior modification. Seemingly lacking is inservice with an educational emphasis including topics on classroom practice, public school reintegration, etc., for behavior disordered adolescents. Since teachers in these facilities are functioning within a multi-professional environment, any systematic inservice program should be reflective of all these various aspects.

Much the same situation exists in other state operated/ state supported facilities. Since the populations in these institutions are not all automatically considered behavior disordered (as in facilities for the neglected), one might expect and, in truth, finds even less emphasis on inservice in the area of adolescent behavior disorders.

Most mental health and youth services personnel indicated that only one or two days a year were planned for inservice activities. A few institutions allowed some release time for staff to attend additional training "off campus." Most did not. A few institutions granted salary credit for accumulated inservice and/or financial assistance to teachers upgrading their certification. Most did not.

In general, very little inservice is conducted in such institutions and less is directed toward behavior disordered adolescents. In light of the temporary certification problems in many of these institutions, this lack of inservice is disconcerting.

Inservice--"A Dog and Pony Show?"

While the above information about inservice reflects the information gathered, a more serious, underlying concern was voiced in various ways by all the personnel visited in the states. The concern is for the basic conceptualization of what inservice is, what it should do, and how it should proceed.

There is universal disenchantment with the historically used "Dog and Pony Show" (a phrase often repeated in

interviews), that is, the one person two hour spiel on a currently popular "topic." This is not to imply that such form of "inservice" has no role within an overall conceptualization of inservice. Quite the opposite is true. It is valuable basically as a consciousness-raising technique. As such it is an initial step in most learning processes. The problem lies in the fact that most schools and institutions seek inservice as a way to upgrade the skills of their staff; that is, they are looking for behavior change in their personnel. They perceive, quite accurately, that this sort of "inservice" does not effect that change. Unfortunately when such inservice does not provide behavior change, they often feel that they have wasted time and money on "inservice." Persons who provided this type of inservice are equally upset since the implication is that they weren't "good enough" or "didn't do their job well." In fact, many inservice providers now refuse to be involved in such sessions due to the growing, and somewhat unfair, criticism of that work. It is imperative, therefore that inservice providers and recipients are clearly aware of the goals of any specific inservice and that such programs are consonant with the expectation of both parties.

More serious is the need on the part of providers and recipients of inservice to rethink the entire process. If the goal of behavior change is a valid one, and most would agree that it is, then it is necessary to incorporate what we know about learning processes into the delivery of inservice. Recipients of inservice cannot expect to get large scale

behavior change from one, two or three two-hour sessions per year. Providers cannot expect to accomplish that goal within that format. Therefore, inservice designed to provide behavior change must be reconceptualized as an integrated, ongoing process which requires a time and money commitment on the part of recipients. There could be many models for this reconceptualization. A brief sample follows: (1) needs assessment; (2) consciousness raising; (3) a model for change: theory, practice; (4) "guided" change; (5) follow-up; and (6) evaluation.

The crimes of poorly conceived inservice are that: (1) it wastes large amounts of state and local education agencies' monetary assets, and (2) it gives the generic concept of inservice an unjustified "bad name."

Inservice is a valuable tool. Particularly in an area like adolescent behavior disorders where shortages of teachers abound, it is an excellent means for updating and/or "converting" current, experienced staff to providing services to behavior disordered adolescents. Recipients of inservice cannot continue to blame providers for producing inadequate behavior change when they have not fully conceptualized what inservice should be. Providers cannot continue to perpetuate acceptance of the idea that limited-time-involved inservice will succeed in behavior change. Only a commitment to well conceptualized, ongoing inservice will bring about behavior change and justify the money involved in inservice.

Summary

There are two components to training staff in providing service to behavior disordered adolescents. The first is preservice, i.e., degree and/or certification training prior to first-hand experience with the population. The second is inservice, i.e., continued or additional training of the professionals already involved in some form of direct service to children in educational environments.

In the case of preservice training, institutions have been unable to produce sufficient numbers of new persons to fill existing vacancies. This is true in behavior disorders in general and even more true of secondary level behavior disorders. The added pressure for programs produced by the passage of Public Law 94-142 has resulted in critical shortages in some areas. Few training programs in behavior disorders are specifically geared, in whole or in part, to train individuals to work with behavior disordered adolescents. Local education agency opinion attests to this with their repeatedly voiced concern that teachers graduating from behavior disorders programs are not equipped to deal with the adolescent age behavior disordered student. This is a difficult and complex problem. Just as state and local education agencies are being asked to provide unlimited services with limited resources, so training institutions are being asked to produce trained personnel in several specific categories and to provide large numbers of them. This, too, is an example of being asked to provide unlimited options with limited

resources. It would appear unrealistic and inefficient to expect any one training program to provide program options for all levels of severity, age, and service delivery environments. This is especially true in light of the fact that most training programs in behavior disorders are staffed by one, two, or three persons. It is virtually impossible to get such a wide range of expertise in so few people.

Efforts are underway that must be encouraged and supported in the area of CSPD. Planning must certainly be statewide and may need to be regional in order to marshall resources to provide a wide range of training options in which individual training facilities develop programs emphasizing certain subsets of behavior disorders.

In the case of inservice there is a crying need to reconceptualize the process of formulating an inservice system that is comprehensive and systematic in planning and implementation. Especially in light of the teacher shortages in adolescent behavior disorders, it is critical to become adept at training and/or retraining regular educators, temporarily certified teachers in behavior disorders and fully certified teachers in behavior disorders. Reaching full service delivery for behavior disordered adolescents may depend on it.

CHAPTER V

SERVICE DELIVERY

Among the elements examined by this project was that of service delivery to behavior disordered adolescents. Three major systems: public schools, mental health services, and facilities for neglected or delinquent, served as the focus for our consideration. Within each we attempted to gather information on the population served, the type of service provided and the personnel delivering this service. Results of these efforts are provided herein. Finally the chapter closes with a brief examination of interdisciplinary collaboration between and among those major service delivery systems.

Public School Programs

It comes as no surprise that public schools are the major provider of services to behavior disordered adolescents. They appear to serve 75 to 95 percent of all the labeled behavior disordered adolescents. These percentages may represent a slight overestimate, particularly when we consider severely disordered adolescents. Even in that instance, however, the public schools serve significantly more behavior disordered adolescents than are served in mental health centers, facilities for neglected or delinquent and private facilities combined.

Service options. As might be expected, the programs offered to behavior disordered adolescents in the public

schools represent several options along the continuum of services model. The most commonly used service delivery option is the within-district self-contained classroom (with or without integration). Next most frequent is some form of resource room service followed by crisis teacher/teacher consultant/diagnostic teacher services. Finally, special schools, out-of-district placement and homebound services are also utilized. A few states require career and/or vocational education to be available as a service option. It should be noted that in general most of the service delivery models used at the secondary level have been extrapolated from elementary school models, a practice which warrants thoughtful scrutiny.

As indicated within states, if not within each school district, a range of service delivery options are available. Each state has its own particular continuum of services making it difficult to equate service delivery programs across the states. Because of the numerous "variations on a theme" regarding service delivery, it is not possible to calculate percentages of behavior disordered adolescents in each program option. Nevertheless, the information gleaned from the states supports the aforementioned order of placements.

Out-of-district placements (private day care and residential facilities) cannot be viewed as actual public school programs; however, their use is the result of school district recommendation and financial support. The degree to which states utilize out-of-district placements varies considerably. In one state nearly 30 percent of all behavior

disordered students were served in out-of-district day or residential placements. On the other hand, some states actively discourage use of out-of-district placements in nonpublic school programs. Interestingly, in some states, of all the handicapped students placed in residential settings, the largest percentage are behavior disordered. In one state over half of all nonpublic state approved placements were of students with behavior disorders. The same held true for out-of-state placement (70 percent). The use of homebound instruction reveals similar data. Of all such placements nearly 41 percent were of behavior disordered students. This phenomenon may indicate the difficulty and frustration public schools feel when dealing with these students.

One other interesting factor related to service delivery was also noted. It had been hypothesized that alternative school placement would be a frequently utilized service option particularly at the secondary school level. By alternative school, we did not mean special day schools for handicapped students, but rather those within-district programs that have been developed as an alternative for students disenchanted with the regular curriculum. It was consistently noted that identified behavior disordered students of any level or degree are usually not served within such programs. However, in one state, the project found that a self-contained class for behavior disordered students had been established within an alternative school. Thus, while attending the alternative school, these students were actually being served in a classroom for behavior disordered adolescents.

School demissions. "Removed from the system" are key words when discussing services to behavior disordered adolescents. It appears that being behavior disordered is more likely to result in removal from school than any other disability, particularly at the secondary level. Because this handicap often manifests itself in defiant rule breaking behavior, behavior disordered students, more than any others, find themselves at odds with school rules and discipline policies. Most personnel felt that by imposing sanctions on behavior disordered students, such students are effectively barred from an appropriate education.

Use of expulsion as a means of dealing with handicapped children, particularly behavior disordered adolescents, has created some controversy. Part of this rests with the varying interpretations of expulsion; i.e., in some instances it is total termination of the educational program, while in other cases schools are required to provide alternative educational intervention. In other words, does expulsion represent an actual change of educational placement? Also of import is the determination of whether the offending behavior is a result or associated with the handicap. This, obviously, is a significant variable in the case of behavior disordered students. Decisions rendered in several court cases, due process hearings, and/or appeals of these hearings related to these two issues have resulted in a significant curtailment of expulsion of all children including behavior disordered

adolescents. In addition, the formalization of expulsion procedures and the strict due process requirements have prompted school officials to be more judicious in the use of expulsion. Thus fewer behavior disordered adolescents are being expelled for rule violation behavior.

However local education agency personnel consistently describe six mechanisms used to remove from school those students who are difficult and troublesome to the faculty:

(1) in-school suspension: this consists of assigning a student to a class other than his/her own class or classes. In theory, a special teacher works with those students on their regular assignments until the assigned suspension period is up. Local education agency personnel comment that often students in need of specialized programming for their behavior end up assigned continuously or permanently to the "temporary" in-school suspension class;

(2) continuous suspensions: a student may be suspended for three days, return for a half day, be suspended for three more, etc. Although most schools have a limit on the maximum length of a single suspension, many do not place limits on the total number of suspensions that can be imposed. Many students find themselves continuously out of school with the administration's "blessing." Such misuse of this form of exclusion has created widespread concern particularly among professionals working with behavior

disordered adolescents. It has been documented that behavior disorders is the third most frequent reason for suspending students (Children's Defense Fund, 1974). Moreover, the use of suspension with secondary age students is much more prevalent than with elementary age and more frequent in large cities as opposed to rural areas. It is frightening to realize that some of these handicapped adolescents have been illegally suspended for periods of time ranging up to nearly two years. On the bright side, some districts are moving to limit the total number of days a student may be suspended at least for the same offense. Moreover, the project encountered some instances in which lengthy or repeated suspensions would not occur until after a student had been referred for evaluation of a suspected handicap and found to be ineligible for specialized education. Finally there were some districts that felt if suspension was to be utilized as a "legitimate" intervention, it must, in fact, be so indicated on the IEP of the behavior disordered student.

(3) shortened school day: the shortened school day may be a legitimate tool in the education of behavior disordered adolescents. However, it is sometimes used to automatically reduce the number of hours a difficult student spends in the school building. In these cases, it is used without regard for

specific instructional objectives which should serve as the basis for the decision for its use as a legitimate intervention;

(4) homebound instruction: again, a legitimate intervention option, in some cases, this special "placement" is used to remove students from instruction at the school building site. Since the amount of instruction required for this program option at the secondary level is usually two to ten hours a week, a student may, again, be effectively barred from receiving the special education he/she needs. Some districts are taking the precaution of limiting the number of days a student may be on homebound instruction without a specific medical request;

(5) alternative school placement: this program option is less frequently used with students "officially" labeled as behavior disorders. However, local education agency personnel indicate that it provides one "legitimate" exit pattern for students who eventually drop out of school totally and may later be served through mental health or in facilities for the neglected or delinquent. As such it provides one option for "easing" students out of the school system either on the part of school officials or by the student himself/herself. In a somewhat analogous vein, especially in larger school systems (as opposed

to rural districts) disruptive students often find themselves "transferred" to special schools under the guise of "alternative" school placement.

(6) ignored truancy: in most districts it is impossible for the appropriate authorities to follow up on all cases of truant behavior. In other districts the community value system simply does not encourage such follow-up. In either case there is a reluctance on the part of school staff to actively seek truant warrants particularly for adolescents with behavior disorders.

The inappropriate use of any or all of these techniques usually, but not always, occurs within the secondary schools. Most often they affect the more severely involved behavior disordered population. While continuing pressure, especially from court precedents, appears to be reducing the widespread misuse of these techniques, there is still a long way to go. This is especially true for the subtle and not so subtle misuse of continuous suspension.

Services Provided through Mental Health

While the number of behavior disordered adolescents served within mental health facilities is not as large as that served in public school programs, these facilities do represent one placement option for this population. The methods by which behavior disordered adolescent youth is placed in a mental health facility varies from state to state and across

facilities. In some cases, students are placed in these facilities by action of the court. In other instances a private physician may be the referral service, and in still other places, a county level mental health board serves as the only referral agent for some facilities. By and large, the most frequent method is through voluntary commitment by the parents.

Population characteristics. Regardless of the method of referral, most of the population served in mental health facilities can be described as severely behavior disordered by virtue of their need for a separate facility. Actual numbers of children and youth served in such facilities vary across the states and, of course, across the year within any one state. The ages of children and youth accepted for treatment in mental health facilities range from 0-21 years. In practice 5-18 is the most commonly served age range. An interesting dichotomy appeared in data concerning the average age of the populations served in various facilities. In some states there was a definite trend to serve the elementary population (5-12) almost exclusively. In these cases, mental health personnel cited as the rationale for this phenomenon the use of limited resources to make the greatest impact. In these same areas, local education agency personnel commented (often hotly) that there were no mental health options for behavior disordered adolescents. They felt that the mental health facilities were "taking the easy ones and did not want the hard ones." In other states there was a definite trend toward serving the

adolescent (13-18 or older) population. This focus was related to level of greatest need. Mental health personnel indicated that public school programming for behavior disordered children at the elementary level has significantly reduced demand for their services for this age population. It was their perception that few quality public school options exist for the severely behavior disordered population in general and even fewer were available for adolescents presenting severe problems. Most public school people agree that there is a dearth of program options for the severely behavior disordered adolescent. Some, however, echo the concern previously expressed by mental health personnel, i.e., potential for impact is greater with younger children.

The average stay for a child or youth in a residential mental health placement is 8-9 months. However, an average here is rather deceiving because a large range (1-20+ months) exists. This is partially due to the fact that "residential" mental health placement can occur in a "state hospital," a regional mental health facility or in a community mental health facility. The placement tends to be longer in the larger institutions since they are usually viewed as the most restrictive placements for the most severely involved individuals. Finally, one state indicated a shift in the general nature of their institutionalized population from those students experiencing problems which manifest themselves in intrapsychic pain to the more overtly violent, aggressive youth who have traditionally been served in neglected or delinquent facilities.

Service options. As was the case in public schools, services under the auspices of mental health represent a continuum from less restrictive to more restrictive. In addition to the traditional "state hospitals" or institutions, there has been extensive effort devoted to developing community-based programs. This expansion began in the early 1960's and resulted in sizeable reductions in institutional placements and a corresponding increase in less restrictive alternatives within communities. In addition to the services provided via the state psychiatric institutions, other mental health program options include: (1) foster care programs, (2) group homes, (3) partial hospitalization for service to persons requiring less than 24 hour care but more than outpatient, and (4) outpatient including screening, diagnosis, evaluation, crisis intervention, counseling, education and drug therapy. While consistent data are not available, one state estimated that over three-fourths of the behavior disordered children and youth treated by the mental health sector are served via community programs as opposed to placement in state psychiatric centers.

Within any given mental health facility the treatment program of the children and youth usually includes educational experiences, therapy, and other support services (occupational therapy, physical therapy, speech therapy, etc.). In several places innovative programs were encountered that tried to pinpoint a student's most essential need and build around that. For example, in one state most of the students who need a diploma but will not or cannot return to school are in

separate facilities in a program oriented toward a GED and personal therapy.

Unfortunately data on effectiveness of mental health services, whether institutional or community-based, are sorely lacking. One institution indicated that 90 percent of its elementary age children return to special education programs in the public schools while the recidivism rate is approximately 4 percent. In other instances the rate of return to public school settings is as low as 20 percent. Certainly it was agreed by both mental health and local education personnel that rates of return to public school placement were higher for elementary age clients. While the project's data did not determine the percentage of adolescent youth who return to public schools, the consensus is that far fewer do so. Based on admittedly limited data provided from juvenile corrections facilities, it is apparent that for as many as 30 percent of the adolescent delinquent population, residential mental health placement was one step along the way to adjudication. This sequence in the service delivery was borne out repeatedly in the interviews, when it became evident that state psychiatric institutional placement is the last resort within the mental health service delivery model. If an adolescent leaves that facility and is not successful in the public school program, intervention options increasingly become focused on juvenile corrections.

Discharge of a youth from a mental health facility occurs in several ways: (1) length of court designated stay ends;

(2) staff determine that treatment is complete; (3) parents terminate stay or; (4) a youth who voluntarily committed himself or herself may terminate placement. One of the realistic reoccurring problems related to discharge is that students often "get lost." Both mental health and local education personnel acknowledge this breakdown between systems. Many times schools do not realize that a student has been or will be discharged and thus do not know to plan for his/her return. This lack of communication typifies the poor to non-existent relationship between public schools and mental health facilities except in isolated, unusual cases.

Personnel needs and qualifications. Data on teaching staff qualifications and needs for educational personnel within mental health facilities is sparse. In several states all teachers employed in mental health facilities must be certified in behavior disorders or another area of special education to meet state education agency standards. In some instances these certified personnel are almost exclusively personnel from "pre certification" days who are now gradually gaining certification in behavior disorders and thus may be temporarily certified or hold full certification. There are instances in which over 50 percent of the teachers hold temporary or provisional certification. In other facilities almost all of the education staff hold recent teaching certificates in behavior disorders.

Attrition rates vary tremendously. In those states where salary schedules are competitive with that of the

public schools, attrition is low. The converse is true where salaries are less attractive. Tenure and its concomitant benefits is another factor influencing attrition as is the relative emphasis on education within the facilities.

Within most mental health facilities a range of support services is available. Typical among the professionals providing such services are psychiatrists, psychologists, social workers, physicians, speech and language clinicians and activity, music, occupational and physical therapists. Data on projected need for additional support services are not available.

Parental involvement. The details on parent involvement with the educational program in mental health facilities is very global in nature. Where data are available, estimates of parental involvement, particularly in the IEP process, vary from 20 to 75 percent. Geographical proximity to the institution constitutes the major variable influencing parental participation.

One ongoing problem involving parents which needs at least brief mention here is the practice in most states of charging parents for services delivered by a mental health facility. Historically, parents have been charged, on a sliding scale, for services (educational and non-educational) rendered by the mental health facility. Public Law 94-142 requires that special education and necessary related services be provided free to all students with that state education agency responsible for assuring this service. Therefore students placed in

mental health facilities for educational purposes must receive their special education at no cost to their parents. Instead cost for such education must be borne by the local or state education agency. Similarly if the related services provided within mental health facilities are deemed necessary in order for students to benefit from the specialized education, these also must be provided on a no cost basis. In those instances where the major purpose for mental health placement is for care and treatment, parents can be held responsible for expenses incurred in providing those services to their children.

Services Provided within Facilities for Neglected or Delinquent

Of all the environments in which behavior disordered adolescents are served, facilities for neglected or delinquent youth are the most difficult to summarize, yet are currently coming under the most scrutiny. Criticisms include being oversized, understaffed, underpaid, physically isolated, inadequately trained, racist, and "pushing a tired curriculum." Some of these problems relate to the fact that in such institutions education is not a primary focus. Realistically, the goal, particularly of delinquent and correctional facilities, is to detain and hopefully rehabilitate the societally unacceptable behavior and/or provide a "secure" environment which protects the community from the consequences of the offensive behavior.

Since the primary objective of facilities for adjudicated youth is not education, there is a growing concern that

handicapped youth may be doubly affected when adjudicated. Data presented in the report by the Education Advocates Coalition indicate that handicapped individuals placed in institutions including correctional and juvenile detention facilities are being routinely denied or excluded from appropriate educational services. Specific violations include inadequate assessment, lack of IEPs and inadequate communication with other agencies. Of course, even well intentioned personnel attempting to provide appropriate education within delinquent and correctional facilities face the constraints of: (a) short periods of confinement by the population served, and (b) the intensity of the youths' problems because of a long history of failure.

Organizationally, there appears to be an infinite number of ways that programs for neglected or delinquent youth are arranged under divisions of corrections, youth services, social services or a combination therefore, by age, by offense, etc. Thus what little data are available are difficult to compare across states.

In terms of neglected children and youth, each state usually has only one or two facilities serving that population. Assignment is via court order and the stay is dependent upon finding acceptable living environments elsewhere. These children and youth are not necessarily behavior disordered, although most personnel the project talked with felt that a large percentage were. The local public school district in

which the facility is located is usually the deliverer of services although not necessarily fiscally responsible for these services. However, any special services for disordered behavior occurs in that environment.

The adjudicated population is also placed by court order. Depending upon the state and the severity of the offense, the youth may be "sentenced" to a specific length of stay in a facility or may simply be delivered to the care of the department of youth services (or whatever it is called). In the latter case the department determines placement and length of stay.

Population characteristics. Depending on the organizational structure of the state agencies for delinquent and correctional facilities, there are differences in the ages served. Ages encompassed in delinquent facilities may range from a lower limit of 7 years to an upper limit of 18 years, although in some cases a youth aged 16 could be waived to adult corrections. There are some states in which 16 year olds are automatically tried as adults. The general age range that makes up the predominant number of youth found in delinquent facilities is 14-18 years. In one state the mean age was quoted as 16.0 years at intake for males and 16.8 years for females. As expected, most states serve a much higher proportion of male delinquents as compared to females. While numbers of adjudicated youth appears to be on the decline, this decrease is seemingly greater among females.

Due to the variations in determination of stay in facilities for neglected or delinquent, it is difficult to report an average length of stay. The range reported was 2 months to life. Most 13-17 year olds fall in the 2-8 month range. These figures coincide with the data in a recent General Accounting Office (GAO) report (1977) which show the average length of stay in juvenile correction facilities ranges from 4-11 months. Other data regarding the characteristics of adjudicated youth are available on a limited basis. In fact, only in one state visited were extensive data provided regarding the youth served in juvenile correction facilities. There, for example, rearrest rates are generally decreasing; when rearrests do occur, the majority do so within three months after release. Variables that are statistically related to these rearrests are: (a) level of educational achievement at the time of release, (b) school or job productivity and (c) age at release. The higher the educational achievement and the older the youth the smaller the probability of rearrest. More significant is productivity. Youth who are not in school or not holding jobs after release have a rearrest probability rate four times that of productive youth. Unfortunately longitudinal data from the state providing such data indicate that since 1974, half of all the youth released were non-productive within 3 months after release.

With the removal of status offenses; e.g., home and school truancy, incorrigibility, etc., from juvenile codes,

there has been somewhat of a shift in the population characteristics. For example, in one state, aggressive felonies (murder, manslaughter, rape, assault, robbery, arson and criminal sexual conduct) constitute the reason for adjudication of 47 to 56 percent of the males and 52 percent of the females. Property offenses such as car theft, breaking and entering and some drug violations (depending on the state) account for 33 percent of the convictions of females and 44 to 51 percent of the males. Discouraging is the fact that the average 16 year old adjudicated male has a history of 2-3 previous adjudicational offenses, and the 16.8 year old female has a record of nearly 2 previous adjudicated offenses.

Finally, one of the states visited has examined the area of violent felonies. Of all their delinquents, 34 percent are adjudicated for violent felonies. Unfortunately the probability of such offenders committing a similar offense within a year of release is 1:5.5.

Much of the literature and statistics which report on characteristics of adjudicated youth indicate an increasing incidence of handicapping conditions over the past ten years. Estimates by youth services personnel interviewed are that from one-tenth to one-half of the adjudicated youth have been labeled handicapped prior to their commitment. This range is due to variation in age of youth, type of facility and "security" of a facility. Of this group, it is estimated that one-half were labeled as behavior disordered; the rest were usually mentally retarded or learning disabled. It should

be noted that until recently several states visited automatically identified all adjudicated youth as behavior disordered. Finally in one state, statistics showed that 11 percent of the adjudicated youth placed in less intense (less secure facilities) had been previously placed in residential facilities for behavior disordered children. This is in contrast to those youth adjudicated to maximum or more secure facilities who show a 30 percent previous placement in residential facilities for behavior disordered children.

Service options. Just as public schools attempt to develop a continuum of services for handicapped children usually based on varying levels of restrictiveness, so too, some state agencies responsible for delinquent and correctional facilities are attempting to expand the variety of placements available for their populations. This is a major problem since historically, few placement options outside of the actual delinquent or correctional institutions have existed. Temporary placements at intake or diagnostic centers are frequently available for the purpose of evaluating the youth's performance. These placements however, are usually short term in nature.

Working with communities and public school districts, some of the alternatives being developed include: (a) home care: parents, relative or foster, (b) non-residential placement with counseling and enrollment in alternative education or vocational education placements, (c) group home--small or halfway, (d) rehabilitation camps, (e) short term

detention/evaluation settings, (f) residential placement, and (g) secure or intensive treatment programs for those incarcerated youth who manifest severe behavioral problems. While the concept of a continuum of services within an agency serving adjudicated youth may be admirable and even desirable, the reality remains that handicapped adjudicated youth frequently do not qualify for placement in the less restrictive of these options. Placement in such programs require a high degree of behavioral stability. Thus, the data presented herein are reflective of youth found in the more restrictive of the aforementioned placements.

The concept of waiting lists which is so frequently a criticism of public school programs for handicapped is also in evidence in institutions for adjudicated youth. While several states alluded to such lists, only one state provided actual data. These indicated that the phenomenon of waiting lists was gradually increasing and, in 1979, was equal in number to 10 percent of the actual institutional capacity as compared to 6 percent in the previous year.

Those students labeled severely behavior disordered prior to arrival or so diagnosed after arrival, at a facility for delinquents receive specialized educational services. However, reality is that there is usually not a good liaison between public schools and delinquent facilities. Records often do not arrive in time to allow for appropriate programming. Evaluation after arrival is another issue. If students are over 18 they may refuse evaluation for special educational services.

When evaluations are conducted they are usually not geared to determination of exceptional needs but rather to current academic functioning. On the other hand, some institutions have an outstanding program of evaluation and educational treatment. Nowhere was the variation in type and quality of service greater than in delinquent facilities.

Finally, it is difficult to discuss services to adjudicated youth without mentioning the effect of such intervention. One state had data indicating the average grade equivalent of youth (age 16) upon entry into their delinquent facilities was 5.9 for females and 6.2 for males. Average achievement gain while incarcerated ranged from an average of 1.3 to 1.7 years depending on grade level upon entry. Students functioning above a fifth grade level upon entry to the facility made greater academic gains. However, the problem of advancing in education outside the institution is less likely. According to one state, 50 percent of the adjudicated youth view the institution as their last contact with education and admittedly are reluctant to return to public schools because of past failures. In one instance, data showed some personnel estimated that fewer than 20 percent of all adjudicated youth return to public schools following their release, 10 percent of the youth dropped out of school before adjudication and truancy prior to incarceration was so great that many youth had actually missed between three to five years of total schooling. In several of the states visited, virtually no regular diplomas are awarded to adjudicated

youth. Some handicapped youth are guided into GED programs as part of their IEP. One state indicated 38 percent of the youth incarcerated in 1979 had GED studies as part of their IEPs. Of this group, 74 percent successfully completed the program.

Unfortunately another option after release is rearrest either as a juvenile or an adult. Statistics on juvenile rearrests have already been presented. Data on youth entering adult corrections collected over a three year period in one state indicate an increase in percentage of previously adjudicated youth, both male and females, being incarcerated as adults. For males, the percentage has increased from 23 to 39 percent from 1977 to 1979. During the same time period, the percent for females shifted from 4 percent to 6 percent.

Finally one aspect related to services for the neglected or delinquent which has more recently received attention is the very questionable practice of placing children and youth in adult jails at the local or county level. In the case of behavior disordered youth, this may and does occur in those instances when an individual is judged allegedly dangerous to self or others and is held in an adult jail awaiting final diagnosis or placement in the event that there are waiting lists for mental health facilities in that vicinity. Since education is virtually unheard of in these facilities, youth so placed are, in fact, being denied access to a free appropriate education to meet their needs.

While the general picture for handicapped adjudicated youth looks bleak, the project encountered one particularly exemplary activity. In one state visited, the Division of Social Services has created a position entitled Public School Coordinator. The job of this individual is to facilitate public school entry of youth being discharged from mental health and adjudicated facilities. In the past year, 67 percent of the discharged youth who needed special educational services have been so placed. Most of these students had not been in special services prior to institutionalization. The concept as well as the success record is excellent and warrants duplication.

Personnel needs and qualifications. One of the frequently repeated concerns voiced in delinquent and correctional facilities has been the lack of adequately prepared teaching staff in the area of special education. The 1977 GAO report indicated, in the five states visited by their consultants, approximately 6 percent of the teachers in juvenile correctional institutions were special education certified. It was unclear whether this meant fully certified or included provisional special education certification also. Certainly the National Needs Analysis project found a great deal of variance in percentage of certification across the states.

In general, the educational services are usually provided by subject-certified staff. The number of teaching staff holding certification in behavior disorders is far fewer in facilities for adjudicated youth as compared to mental health

facilities. Four of the states indicated the presence of at least one or two teachers certified in behavior disorders in every juvenile correctional facility in their state. On the other hand, in one state 80 percent of the educational staff in the juvenile correction facilities held certification in behavior disorders. This appeared to be an exception rather than the rule. It was evident in the interviews that the increase in numbers of certified special education staff was directly linked to the implementation of interagency agreements which required that the facility staff meet state education agency standards. Attrition data for teaching staff in juvenile correctional facilities were scarce. The general sense of the situation obtained during the interviews was that this varied tremendously from state to state. In some states turnover was almost nonexistent. In other states employment in juvenile correctional facilities was viewed as a stepping stone to the higher salaried positions in the public schools, once special educational certification was obtained.

Availability of support services also varied a great deal. In some instances the services provided were predominately medical/dental and diagnostic in nature. In other states a larger cadre including psychiatrists and speech and language clinicians were employed. Several states indicated a need for personnel such as occupational and physical therapists and adaptive physical education teachers in order to offer the entire range of related services necessary to support the special education program.

Parent involvement. Because of the increased involvement of parents in the educational planning process as part of Public Law 94-142, the project sought information on this topic from the personnel in juvenile corrections facilities. This seemed particularly valuable since youth, once adjudicated, become wards of the state which then serves in loco parentis even though the natural parents still function as guardians of their children's rights at least in a limited sense. Parent involvement, as one might expect, varies considerably, not so much from state to state but rather from institution to institution. Data reported from three of the states indicate percent of involvement varying from 10 to 70 percent. The key variable is geographical proximity between parents and the institution. Those institutions located near large metropolitan areas or serving a more circumscribed geographical catchment area have higher parental involvement rates. On the other hand, those facilities located in rural areas serving a large geographical territory but which is sparsely populated had difficulty drawing parents into IEP conferences. It was encouraging to learn that in at least two states, staff at the juvenile correctional facilities were sincerely attempting to contact parents for such involvement. Conference telephone calls and home visitations by the IEP team were two mechanisms utilized to increase parental involvement.

Collaborative Programming between Agencies

According to the 1978 Annual Program Plans, approximately 39,000 behavior disordered children aged 5-21 are served in separate school facilities while another 11,000 are served in other educational environments, e.g., homebound, hospitalized. Because of the way the data are reported, it is difficult to extrapolate what proportion of this represents children and youth in separate public school facilities, mental health placements or non-public school programs. However, it was evident that in the area of behavior disorders in some states there is considerable reliance on placements other than public school programs. In one state, more than half of all handicapped students placed in non-public school facilities bear the label behavior disordered. Additionally, a second state serves nearly 30 percent of its behavior disordered children and youth in out-of-district day or residential placements. It should be noted, however, that in some states out-of-district placement, particularly in non-public school programs, is discouraged. While other agencies are utilized to provide service to behavior disordered students, it would be misleading to imply that those placements represent collaborative programming. In reality, quite the opposite is true. Instances of collaborative programming between local school districts, other public agencies and/or non-public school programs appear to be the exception. This is not to say it does not occur, but certainly such joint ventures are in the minority. Unfortunately adolescents with severe behavior disorders

often are in greater need of the services of individuals from many disciplines and/or agencies than are less severely involved youth. It is more likely that a range of public school, medical, social service, and correctional persons will have already or need to come into contact with these students. Thus, the rather appalling state of viable inter-disciplinary collaboration works a greater hardship on severely behavior disordered adolescents.

There appear to be two major problems that inhibit the development of this collaboration to serve severely behavior disordered youth. The first, geographic location, is directly related to district-level service delivery and also affects other program components. In non-urban areas, i.e., most outlying areas of any state, small communities and school systems can not support a full range of services from several disciplines. This is a very complex problem. Just as the need is felt to support a community's right to remain autonomous (i.e., not forcing consolidation of schools), so there is the obligation to support the child's right to the full range of special services needed. Even school consolidation may not help since rural areas often have difficulty attracting a full range of professional services.

The other concern occurs at a state as well as local level. A simplified, but accurate description for it is "turf protection." When more than one discipline is involved in a case at a local education agency level, there are often differing opinions about the relative importance of various

aspects of a child's program. Ultimate control can become an issue. At the state level the translation of this problem is into single line of authority/responsibility problems and allocation of resources. At state and local levels, professionals from various disciplines are far from working out formal or informal agreements to provide smooth collaboration on a full range of services to children and youth.

In spite of the apparent dearth of interdisciplinary collaboration we did encounter within several states examples of collaborative efforts among agencies providing education to behavior disordered children and youth. Cooperative programs between local school districts and mental health programs housed either within local mental health facilities or within the public schools were one model of interdisciplinary collaboration evidenced. Other examples involved joint programming between the local school district and social service agencies. Finally, there were state level programs of a regional nature for behavior disordered students which involved mutual placement and programming by the state department of education and the department of mental health. Interestingly, in one state it was evident that cooperative programming had at one time been more frequent in occurrence. However, turfdom issues between mental health and education led to the demise of those programs and it has been only recently that renewed efforts along these lines have been instituted. In those isolated instances where collaborative

efforts were noted, energetic, positive personalities appeared to be responsible for breaking the barriers and making real progress.

Summary

As can be seen, behavior disordered adolescents are served in a variety of settings including public schools, private schools, mental health facilities and facilities for neglected or delinquent. While the largest percentage of the population are placed in public school classrooms, there is a heavy reliance by numerous districts upon private schools and other-out-of-district placements. This practice when combined with school demission techniques such as continuous suspension and ignored truancy reflects an unfortunate attitude and frustration held by educational personnel toward behavior disordered adolescents. They by no means represent a "glamour" group of clients; no one is clamoring to provide them service. They represent youth usually with a history of receiving services from various agencies. Unfortunately for at least a segment of the population the service pattern is clear: progression from placement in special education in public school, to mental health and eventually to juvenile corrections. Finally, while the severity of the problems exhibited by these youth often dictates intervention, delivered by a variety of disciplines and/or agencies, the communication and collaboration between these individuals and groups is sorely lacking. All this coupled with the large

number of temporarily certified teachers serving behavior disordered adolescents presents a sad commentary on the quality of services to a population in dire need of a free, appropriate, public education.

CHAPTER VI

OTHER ISSUES

The preceding chapters have presented data and perceptions gathered for the major issues from the needs analysis model relative to the area of adolescent behavior disorders. As one might expect in the process of collecting and analyzing all this information other issues surfaced which warrant discussion by virtue, usually, of the frequency with which they were encountered. Hence this chapter is designed to present an examination of several related issues which are of import to the area of adolescent behavior disorders and are included because of the repeated concern expressed regarding them. In addition the chapter includes a summary of the overall strengths and obstacles related to serving behavior disordered adolescents.

Single Line of Responsibility/ Interagency Agreements

An analysis of agencies providing services to behavior disordered adolescents reveals a plethora of such agencies both public and private. Included among the public agencies are state departments of mental health, departments of vocational education and rehabilitation, divisions of youth services, departments of corrections, divisions of social

services, family services, departments of human services, departments of institutions or institutional schools and divisions of children's services. While the number and names of such agencies vary from one state to another, it is safe to assume that each state has a multiplicity of agencies designed to provide services to behavior disordered children and youth.

Public Law 94-142 requires that each state education agency serve as the central agency of authority and accountability for the education of all handicapped children and youth within that state. The following excerpt from the Senate Report on Public Law 94-142 clarifies this Congressional intent:

> This provision is included specifically to assure a single line of responsibility with regard to the education of handicapped children, and to assure that in the implementation of all provisions of this Act and in carrying out the right to education for handicapped children, the State educational agency shall be the responsible agency. . .
>
> Without this requirement there is an abdication of responsibility for the education of handicapped children. Presently, in many States, responsibility is divided, depending upon the age of the handicapped child, sources of funding, and type of services delivered. While the Committee understands that different agencies may, in fact, deliver services, the responsibility must remain in a central agency overseeing the education of handicapped children, so that failure to deliver services or the violation of the rights of handicapped children is squarely the responsibility of one agency. (Senate Report No. 94-168, p. 24, 1975)

Realizing that each of those different agencies providing services to handicapped children and youth, including those with behavior disorders, operates under its own set of legislative and regulatory requirements, the task of implementing the single agency responsibility requirement has been a massive administrative headache.

Also hampering the implementation of the sole agency responsibility mandate is the fact that in many instances state laws and regulations do not support such a practice. In other words, it is not uncommon that a state education agency has no authority to supervise or monitor educational programs in other state agencies as part of assuring compliance with Public Law 94-142. In fact, the Office of Special Education indicated in its 1979 Implementation Report to Congress on Public Law 94-142, that in some cases responsibility for educational services to handicapped children may be shared by as many as six different agencies. It should also be noted that this lack of clarity regarding lines of authority is a frequently cited problem in state PARs.

In order to address this realistic problem, the following options have been suggested to the states as possible alternatives:

> (1) Written agreements are developed between respective State agencies concerning State educational agency standards and monitoring. These agreements are binding on the local or regional counterparts of each State agency.

(2) The Governor's Office issues an administrative directive establishing the State educational agency responsibility.

(3) State law, regulation, or policy designates the State educational agency as responsible for establishing standards for all educational programs for the handicapped, and includes responsibility for monitoring.

(4) State law mandates that the State educational agency is responsible for all educational programs. (Federal Register, August 23, 1977, p. 42501)

In responding to the single line of responsibility mandate, states have adopted a variety of the above options. Revisions of state law, regulations and policies, and development of interagency or administrative agreements are two such approaches. Several states have created special school districts or local school districts within the departments of social services, mental health, and corrections, etc., to clarify the relationships between the educational program for handicapped persons within those agencies and the state department of education. Analysis of the Annual Program Plans for FY79 and 80 indicates that most states have policies, statements or revised state laws or regulations in place relative to the single line of responsibility provision of Public Law 94-142. Ninety percent of the states indicate that interagency agreements have or are being negotiated. However, these data must be treated cautiously for several reasons. First, some APPs do not specify the agencies with which agreements have or are being negotiated. Second, those states which list the specific agencies and/or include copies of the

agreement do not necessarily indicate other agencies with which they have not or need to negotiate interagency agreements. Thus, some states list one interagency agreement and others list as many as five. Whether that represents all the necessary interagency agreements is uncertain. Compounding the comparison is the organizational differences across states; i.e. mental health institutions may be organized under social services in one state or a department of mental health in another. Finally, it seems apparent after reading the early APPs and the comments related to interagency agreements, that many of these agreements were initially made as part of a cooperative child find effort. In many cases these agreements do not address state education agency monitoring, data collection and other variables related to a range of services beyond child find. Nevertheless, current analysis indicates that at least 40 percent of the state education agencies having interagency agreements have negotiated such arrangements with correctional facilities. Approximately the same percent are involved with interagency agreements with departments of mental health. Interagency agreements with departments of social services (welfare, human resources) are indicated in 50 percent of the states having negotiated agreements. One of the agencies with whom interagency agreements are sorely lacking is departments of vocational rehabilitation or vocational education. Rate of interagency agreements between state education agencies and vocational

agencies ranges from 9 percent to 20 percent. Certainly this area of collaborative agreement needs greater attention.

The majority of states visited as part of the project had at least one interagency or administrative agreement negotiated. Examination of these documents shows that most of them include information regarding: (a) procedures, policies or assuranceson referral, assessment, IEP development, due process, confidentiality, least restrictive environment, related services and accountability; (b) staffing needs and standards; and (c) regulatory structures for delegating and coordinating the responsibilities among the participating agencies. The amount of detail incorporated into these documents varies considerably. In some instances the agreements consist of assurances that the above obligations will be met. In other cases, the agreement includes information relative to actual implementation.

While the development of interagency agreements at the state level serves as one indication of interdisciplinary collaboration, the true test of cooperation is the adoption and implementation of such agreements at the local level. The task of establishing actual mechanisms for collaborative services, credentialing of personnel, tracking students, transferring of funds, etc. force the translation of a paper agreement between agencies into a reality. This step is critical since many of the persons interviewed indicated that existence of any agreement for collaborative services on paper

in no way assures that such services are being delivered. In fact, in many PARs states were cited because there was no evidence of actual implementation of interagency agreements. Only one state was commended in its PAR for its coordination and communication with other agencies.

As indicated earlier, lack of state policy, law or regulations and differing agency requirements have proved to be realistic obstacles in the implementation of the single line of responsibility mandate. There are other variables that also have been barriers to successful interagency cooperation. Competition for funds in a time of limited and decreasing resources frequently makes persons protective of their domain. As the role of education expands, other professions and agencies are becoming increasingly leery about the monitoring and control by education agencies. On the other hand, educators have for some time been relegated to second class citizens on the professional hierarchy particularly within mental health and correctional agencies. There is some irony to the situation as it now exists with education being the focal point of intervention in the lives of handicapped children and responsibility for monitoring this resting in the state department of education. It is, of course, most unfortunate that we cannot rechannel our energies away from the "petty bickering" which accompanies defending one's turf and into providing quality services to the children in need of

them. This is particularly true in an area such as adolescent behavior disorders where service is sparse at best.

Related Services

Public Law 94-142 requires, among other things, the provision of related services to handicapped children in instances where such services are necessary for the student to benefit from special education. These services include transportation and others which are developmental, corrective or supportive in nature such as speech therapy, audiological and psychological services, physical and occupational therapy and medical and counseling services. It is important to emphasize the supportive nature of these services; that is they are designed to supplement or augment the special education program of a student identified as handicapped. Need for such related services would, of course, be reflected in the individualized education program (IEP) developed for the handicapped student.

The area of related services has been one which emerged as a problem in the implementation of the single line of responsibility mandate. Differing laws that govern other agencies which are frequent providers of related services have made it difficult for state education agencies to monitor the provision of these services.

Second, some agencies because of Federal monitoring and red tape, have elected to withdraw previously offered related

services such as counseling, physical and occupational therapy and vocational rehabilitation. In the words of one administrator of a state supported facility, "The money is not worth the hassle." This has literally forced some state education agencies to assume provision of such services. Needless to say, these added responsibilities have not been accompanied with increased budgetary allotments to cover the costs.

In a somewhat related vein is the lack of clarification of the scope of related services. Agencies are confused about what constitutes a related service as required under the law. Differences between court rulings, Federal laws (Public Law 94-142 and Section 504 of the 1973 Rehabilitation Act) and interpretation by the Department of Education and the Office of Civil Rights on the topic of related services have contributed to the general state of confusion. One excellent example has been the issue of providing psychotherapy. While the Office of Civil Rights has interpreted Section 504 to include psychotherapy as a related service, only within the past months has the Office of Special Education issued a proposed policy statement on the matter. Its recommendation that schools should provide handicapped students with needed mental health services, i.e., psychotherapy or psychiatric counseling, if it will enable them to benefit from special education, would, if adopted, coincide with the stance taken by the Office of Civil Rights. Certainly such an interpretation has major implications for the area of behavior disorders.

While this interpretation may help resolve the confusion and hence unwillingness of schools to provide such services it also complicates the fiscal situation. State and local education agencies are being pressed to the limit to augment and initiate new services in a time when fiscal restraint in public spending is being encouraged. This is accompanied by the fear that agencies previously offering related services such as psychotherapy or a similar mental health service will now withdraw their support, placing the financial burden back on the schools. Furthermore, there is some question as to the increasingly broad scope of related services. In other words, is it reasonable or feasible to expect schools to monitor provision of services which are becoming further and further removed from education?

Advocacy and Behavior Disorders

Any discussion of the area of adolescent behavior disorders would be incomplete without some mention of the role of advocates. Advocates on behalf of children and youth with behavior disorders take many forms: individuals, agencies and organizations. Most states visited could identify one or more groups that have served as active advocates if not in the area of adolescent behavior disorders at least in the broader field of behavior disorders. The composition of such groups varied from state to state and included: parents, mental health personnel, teachers of children and youth with behavior disorders, and trainers of teachers of behavior disordered

children and youth. While such individuals and groups are apparently visible as advocates, most persons interviewed evaluated the effects of such groups as moderate at best, particularly when viewed in light of the strong advocacy movements in other areas of special education.

Concern was expressed in several instances regarding the adversarial nature that sometimes exists in the relationship between advocates and public school officials. In one instance, we encountered guidelines which had been developed in an attempt to clarify the relationship and enhance positive interactions. These guidelines indicate the need to remain child focused rather than system or parent focused during all advocate-school interactions. In addition, advocates must interact with parents prior to any IEP conference as a means of insuring a more knowledgeable advocate. Moreover the school provides training for advocates and, in the instance of a student's initial consideration as handicapped, sends parents a list of advocates and their phone numbers. The above represented one of the few organized approaches encountered in educational systems to address the use of advocates.

Regardless of the antagonism that can be associated with the use of advocates, there was a general consensus that this was a resource within behavior disorders that has remained largely untapped. As indicated previously, behavior disordered children and especially those at the secondary level

do not generate an overabundance of affection and concern within some areas of education. Similarly it has been difficult to create or encourage an active advocacy movement on behalf of this population from outside of the educational system. Interestingly many personnel interviewed indicated that such a movement would be a valuable asset in the push to improve services to behavior disordered children and youth.

Services to Handicapped Offenders, Ages 18-24

While this document dealt in some detail with provisions of services to adjudicated juveniles, little or no mention was made of services to those offenders under age 21 (or 24 depending on the state) who are incarcerated in adult penal facilities. The reason for that omission should be obvious. Very little is being done to address the special educational needs of this population. While the data we collated on other areas of service delivery were at times inconsistent and scarce, the lack of any data relative to services for 18-24 year old handicapped offenders is painfully lacking.

If there are "new frontiers" in special education certainly this must be one of them. Designing the content and direction of appropriate special education and related services to this population and its relation to any existing educational and rehabilitative services already provided within penal institutions will require some creative thinking on the part of responsible personnel. Coupled with this

creativity, there must be a clear understanding of the needs of this population and in the problems inherent in implementing education in such a system. While a few states are receiving pressure to expand services to this age level of incarcerated individuals, it should also be noted that a few states have circumvented this problem by changing state law, statutes or regulations to lower their age limit to 18. Since Public Law 94-142 defers to existing state law for services to individuals between the ages of 18-21, some states felt it was feasibly and philosophically more effective to constrict their current age limits accordingly.

Graduation Requirements

Brief mention should at least be made of the growing concern regarding graduation requirements and the handicapped, including behavior disordered adolescents. Data regarding the number of "officially" labeled behavior disordered students who do, in fact, graduate is not being collected at this point in time by most local service delivery systems. Thus, it is impossible to know how many behavior disordered students actually graduate. Some local districts did indicate that a small number of these students do graduate. However, it was difficult to ascertain the requirements which governed their graduation and whether the school used differential diplomas, certificates of attendance, etc. A related issue which the

project did not explore, but which has definite bearing on the issue is the relationship between a state's minimal competency requirements and the school district's special education program. For a more indepth examination of the parameters of graduation requirements and handicapped students, including behavior disordered adolescents, readers are referred to the Council of Exceptional Children's Policy Option Paper by Higgins and Hockenbury (1979).

Vocational Programs for Behavior Disordered Adolescents

One essential aspect of secondary level programs for some behavior disordered students is vocational education. Unfortunately the number of these students who have access to and participate in vocational programs as part of their educational program is relatively small. While actual data on this were not available, it is known that approximately 2 percent of all secondary level handicapped students participate in vocational education programs. It seems safe to assume that within this figure the percentage of behavior disordered youth is miniscule. However, the need for vocational programs and for increased participation in existing programs by behavior disordered adolescents was a consistently voiced concern across the states visited. Where possible, it was deemed desirable to have behavior disordered adolescents receive vocational education with their nonhandicapped peers in existing vocational programs. However, in some large urban

areas, separate vocational programs for handicapped students were provided. As previously indicated, in some states participation in vocational education training is mandatory for all handicapped students who are enrolled in specialized education and who will not or cannot participate in the regular education curriculum. Within the vocational programs a variety of options may be present including: simulated work experiences, work-study, on-the-job training, off-campus work situations or cooperative programming with area vocational-technical schools. Whatever the nature of these experiences, it appears critical that efforts be intensified to insure that behavior disordered adolescents have access to such programs. It was general consensus that the appropriate mechanism to gain such access is through the student's IEP. Therefore every effort must be made to guarantee that, where appropriate, a vocational education component be incorporated into the IEPs of behavior disordered adolescents.

Violence and Behavior Disorders

One further dilemma confronts the field of behavior disorders, that of the increasing concern regarding violence in the schools and the implications thereof for behavior disorders, especially at the secondary level. Since the parameters of the problem of increasing violence have already been described in detail in the NIE report Violent Schools - Safe Schools, there is no need to reiterate those data here.

However, it should be noted that the various aspects of violence, e.g., verbal abuse, vandalism, personal violence, theft, disruption, damaging offenses, etc. are more of a problem at the secondary level than the elementary. Interestingly junior high schools appear more plagued with these problems than do senior high schools. While there appears some hint of a decline in the number of crimes in the schools, it is impossible to overlook the fact that the existence of these disruptions have implications for the field of behavior disorders. Certainly we are aware that a large percentage of these offenses are not committed by students labeled behavior disordered. On the other hand some are. However, the concern is not so much with numbers or percentages of behavior disordered adolescents involved in crimes of violence, but rather with the potential effect of the interventions which schools are using to combat the violence of this population. Particularly in schools reporting high incidence rates of violence, successful strategies emphasize increased disciplinary intervention (as opposed to increased security). For a population such as behavior disordered adolescents who have difficulty with rule following behavior the heightened emphasis on discipline could prove to be problematic. Put another way, it appears professionals in the field of behavior disorders must grapple with the apparent conflict which is emerging from what is an obvious call by regular education teachers, administrators, parents and other individuals within the

community for tighter, more strict enforcement of disciplinary codes and the press by special educators for secondary schools to more readily address the needs of behavior disordered adolescents. One final note - again the principal and school administration have been identified as the key element in the successful resolution of the problems related to violence. This provides additional support for the need for professionals in behavior disorders to work closely with school officials to sensitize them to the problems related to serving the behavior disordered population.

Obstacles to Services for Behavior Disordered Adolescents

Much of the information gathered during the project's work was not in the form of facts and figures, but in the form of comments, reactions and evaluations made by the personnel from all populations. The following are some consistently voiced opinions about the major obstacles to complete and effective service delivery for behavior disordered adolescents.

(1) State and local education agencies are being required to provide unlimited services with limited resources. Demands of Public Laws 94-142, 89-313, 93-380, Section 504 and numerous court orders and consent decrees are ever increasing the scope of services for which the public schools are responsible. Some of these demands are made for services from agencies

over which state and local education agencies have no legal control. While many agencies may provide services to behavior disordered youth, only the state education agency is charged with total responsibility.

(2) So much energy, necessarily, is being expended in an effort to "catch up" on service delivery needs that virtually no effort is being focused on prevention or on the special needs of the gifted behavior disordered adolescent.

(3) Due to our general lack of skill in dealing with behavior disordered adolescents, most of these students spend too much time in special programs and do not benefit from planned or supervised reintegration into the environments where these problems must be worked through. Consequently failure and recidivism is high whether the setting is public school classes, mental health, or youth services.

(4) Increasingly strict juvenile codes are hampering individualized evaluation and programming.

(5) Support services are difficult to obtain for this population. Additionally, school administrators are reluctant to include and/or support such programs in their buildings. Interdisciplinary collaboration is poor. Coordination of services can appear impossible.

In general it appears that a lack of direction in appropriate service delivery is exacerbated by poor support and cooperation. Given an increase in the latter, hope could be held out for more rapid improvement in the former.

Assets to Services for Behavior Disordered Adolescents

Most everyone interviewed had isolated "strengths" to report in one program or another or in one district or another. Unlike the obstacles which were universally voiced, the assets are seldom as cohesively viewed. This is not to discount the isolated assets. They exist as proof that good work can be done. It is, however, a comment on the generally discouraged and frustrated "state of mind" in the field. Adolescent students are among the most difficult to work with and the least desirable in terms of jobs, inclusion in buildings, prognosis, etc. Despite all of that, some evidence exists to suggest that things are changing:

(1) The Office in Special Education is targeting increasing amounts of money toward severe behavior disorders, especially at the adolescent level. Over time this will help to alleviate some of the shortages in human resources and will allow for the establishment of more model programs.

(2) Regular school faculty and administration appear to be becoming desensitized to the adolescent behavior

disordered population. There is a little less resistance to and slightly more support for programs for these students than existed three years ago.

(3) State education agency recognition of the needs of these youth has increased considerably and consequently more effort is being expended to establish sound, ongoing programs.

Summary

It is apparent as one examines the major and related issues surrounding serving behavior disordered adolescents, that this is an area in dire need of attention. One is also impressed (if not overwhelmed) with the complexity and enormity of the problems involved in trying to overcome the reality and obstacles confronting service to this population. The pressing need to implement the single line of responsibility mandate and to clarify the scope of related services, while not limited in impact to just behavior disordered youth, cannot be overlooked. Similarly, resolution of conflicts related to lack of vocational programming, inequality in graduation requirements, and violence in secondary schools will contribute to the advancement of overall efforts in the broad area of educating behavior disordered adolescents.

CHAPTER VII

FUTURE DIRECTIONS AND SUMMARY

Considering the amount and quality of data collected specific to behavior disordered adolescents, it would be presumptuous to present a series of far reaching suggestions for change in the area. However, some issues surfaced consistently enough across all populations that they are appropriate for consideration.

Future Directions

1. It is apparent that the discomfort the professionals in behavior disorders are feeling with the federal (Public Law 94-142) definition of seriously emotionally disturbed is more than an initial uneasiness with a new or different perspective on the subject. Rather, the problems are serious, ongoing, and are inhibiting appropriate services to children and youth. This is occurring to such an extent that it warrants serious consideration by the Office of Special Education. Although it is difficult for such major changes to be considered after final regulations are prepared, it appears time for an exception. The bias of this project is evident by virtue of its decision to use the term behavior disorders and by

virtue of its recommendation for definitional change. Although it is felt that any one or combination of changes as suggested by the people visited would improve the situation to some extent, it is felt that the changes suggested by the project incorporate the best of current thought. It appears best to re-think the problem now rather than to face the continued confusion and frustration in future years.

2. Attention must be given to the collection of appropriate data within other public agencies, particularly mental health and corrections. While public schools are perhaps "chafing" under the plethora of data required as part of Public Law 94-142, the obvious lack of such data in other public agencies is discouraging. Although one is hesitant to "wave the red flag" of more paper work, at a minimum it is essential to be able to retrieve accurate, unduplicated counts of youth served in such facilities. It should be pointed out that some of these data <u>are</u> currently required by Public Law 89-313, but it appears that such requirements have not been observed on a large scale. Basic data about numbers of youth labeled, previous educational placement, numbers served, and placement upon release should be available within agencies providing education to handicapped students. Only a couple of the states visited were

able to retrieve such basic information. It does not seem unreasonable to expect that an education director for a juvenile delinquent facility should be able to determine how many of the population were labeled behavior disordered upon arrival, how many were so labeled after intake evaluation and how many certified behavior disordered teachers are programming for them. Data collection systems that may have been adequate when mental health and corrections had "nothing to do with" public schools are inadequate for a time when youth need to be tracked through services and cooperatively handled. Certainly other agencies have established data management and retrieval systems which could be adopted by mental health and corrections. While hopefully it is needless to mention, when such data systems are established, agencies should be admonished to make them as compatible as possible across agencies. What is not necessary is a wealth of data that cannot be translated meaningfully by the other agencies serving the same population concurrently or at some other point in time.

3. Immediate steps must be taken to stop the discrimination that occurs when parents of students served in state operated mental health facilities are charged for education or related services. The financial machinations

behind this phenomenon are complex. However, either costs must be borne by the facility appropriating the proportionate share of earmarked state and federal dollars, or local education agencies and state education agencies must bear the cost directly and be allocated the share of the budget at a state level that normally would go to facilities for that purpose. The law is clear: free, appropriate, public education.

Due to some widespread misunderstanding, it is necessary to reiterate that the purpose of placement is the crux of the confusion. If placement is for educational purposes, the responsible education agency must ensure that parents are not charged for special education and related services including non-medical care and room. Depending on state statutes or regulations, an SEA or LEA may or may not be responsible for costs at a facility if the placement is for other than educational purposes; e.g., care and treatment. The concern expressed above is for charge back to parents for special education and related services that are the result of placement for educational purposes.

4. Serious reconsideration must be given to the entire area of related services. Heretofore, the Office of Special Education has responded to clarification of the scope of related services in a piecemeal fashion.

Given conflicting interpretations among agencies and between the courts and these agencies, it is necessary to step back and examine both the fiscal and philosophical implications of a broadly defined focus within related services.

5. Both of the previous suggestions are part and parcel of one of the major problems being faced by state education agencies: single line of responsibility. Again the law is clear: state education agencies bear the full responsibility for the education of all handicapped children and youth in the state. Whether the student is provided an education in a public school classroom, a facility for delinquents or a mental health facility, the state education agency is responsible for the existence of and appropriateness of that educational service. Such responsibility is unfair and meaningless without the authority to make the decisions about the student's education. Congress clearly did not say "state education agencies are responsible for behavior disordered adolescents unless they are in a mental health facility or have been adjudicated". Congress did say that state education agencies were responsible for assuring the education of all handicapped students. State education agencies are going to need the assistance of meaningful interagency agreements

and/or supportive state statutes in order to establish that single line of responsibility for handicapped children and youth. Highest priority must be given to insure the implementation of the requirement of the single line of responsibility. The Office of Special Education must work closely with the states to achieve this mandate. Establishing clear criteria for inter-agency agreements is one possible avenue of assistance. Providing technical assistance to states in the area of developing interagency agreement may also be useful. Certainly there are sufficient instances of successful interagency agreements being effected that these can be shared as models for other states. Monitoring the success of interagency agreements will also be necessary. It may be possible that because of the difficulties involved with such agreements the number now in existence and the content of those, actual revision of state law or regulations will be necessary to establish the line of authority. Given interagency agreements in place, state education agencies also need to develop a means of assisting and monitoring the actual implementation of these agreements at the local level. Technical assistance in the form of workshops, handbooks or guidelines should be considered as a means of encouraging

collaborative efforts among local agencies. The law cannot be fully implemented until single line of responsibility is established.

6. The need for re-conceptualized inservice is paramount. Inservice is potentially one of the best methods for upgrading skills of large numbers of professionals. Public schools must recognize that effective inservice requires a time and money commitment. Disillusionment at not getting desired results from "consciousness-raising" half-day lectures is the result of unrealistic perceptions of what good inservice is or unclear communication between inservice providers and recipients as to the purpose of that inservice. Carefully planned, long-range inservice provided by a variety of persons with varying expertise should bring about the skill upgrading that the districts and facilities are looking for.

7. Institutions of higher education cannot turn a deaf ear to repeated concerns from local education agencies that teachers are graduating from training programs unable to deal with behavior disordered adolescents. The change in programs required need not take massive amounts of new dollars, but rather requires a critical look at the range of information and

experience offered in existing courses. Inadequately trained and/or selected teachers will only hurt the field and increase attrition rates.

8. All populations (LEAs, SEAs and IHEs) must redouble their efforts singularly and in concert to recruit, train and maintain quality teachers to work with behavior disordered adolescents. While suggestions #6 and #7 relate to quality, the concern here is for sheer numbers. Shortages are of such proportion that the situation cannot be allowed to continue as is. Some form of planned, systematic intervention to resolve the problem is necessary.
9. The misuse of exclusionary practices such as continuous suspension, ignored truancy, and the inappropriate use of homebound instruction and shortened school days must be stopped. While significant inroads have been made as it relates to expulsion, parallel prohibitions for the misuse of other exclusionary techniques are not being observed on any systematic, widespread basis. Such practices may, in fact, be indicative of more substantial issues such as what constitutes appropriate programming for behavior disordered adolescents and attitudes toward this population by regular educators. In any instance attention must be directed toward

providing appropriate services for behavior disordered adolescents with an eye towards the elimination of misuse of school demission techniques.

Summary

Information on behavior disordered adolescents is difficult to interpret. Local education agencies do not necessarily collect information specific to the adolescent behavior disordered population. We assume that some of this population is served within the mental health system; however that varies from state to state. Facilities for adjudicated youth present some of the most difficult problems of all. Since their primary purpose is legal, the educational status of a youth has, historically, been of little use or concern. Further, while certainly a large number of adjudicated youth are behaviorally disordered, many are not. No one is even totally sure of the distinctions. Also, these facilities are the ones least likely to have accurate data on the handicapping conditions of the youth committed to them.

Despite all of the above qualifications, there is still consensus that behavior disordered adolescents are among the least appropriately served students with special needs. This may be the result of poor teaching, difficulty of service, prognosis, inadequately trained teachers or uncertainty of eligibility. Singly or combined these concerns interfere with the appropriate delivery of services to this population. Hopefully the

suggestions made earlier in the chapter will begin the process of more appropriate services to behavior disordered adolescents.

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APPENDIX

PROJECTS FUNDED IN THE AREA OF ADOLESCENT BEHAVIOR DISORDERS BY THE DIVISION OF INNOVATION AND DEVELOPMENT, OFFICE OF SPECIAL EDUCATION, 1978-1980

APPENDIX

PROJECTS FUNDED IN THE AREA OF ADOLESCENT BEHAVIOR DISORDERS BY THE DIVISION OF INNOVATION AND DEVELOPMENT, OFFICE OF SPECIAL EDUCATION, 1978-1980

This Appendix includes an annotated listing of projects and programs providing services for behavior disordered adolescents funded by the Division of Innovation and Development (DID), Office of Special Education. They are listed in alphabetical order by state.

In choosing the projects and programs for inclusion, the authors limited the selection to those which have a primary emphasis on serving behavior disordered adolescents. This judgment was based on descriptions provided by the projects themselves to DID/OSE. In some instances, other populations of adolescents (usually learning disabled and/or mentally retarded) may also be a focus of the projects and programs. However, every effort was made to confine the selections to those having a clearly identificable emphasis on behavior disordered adolescents.

The reader should be aware that other projects and programs have been funded which may have implications for applicability to behavior disordered adolescents. This would be particularly true of those projects and programs which are considered non-categorical or cross-categorical. However, such projects and programs were not included unless the description clearly indicated the inclusion of behavior disordered adolescents.

As previously mentioned, most of the annotations included in this Appendix were provided by the various projects to DID/OSE. In a few instances, the descriptions were received directly by the authors from the project or program. Special thanks go to Drs. Max Mueller, Bill Swan and Gary Lamour for their invaluable assistance in collecting the information incorporated into this Appendix.

CAREER EDUCATION THROUGH ACTION LEARNING (C.E.A.L.)

Focus on Children Under Six, Inc.
2905 King Street, #7
Jonesboro, AR 72401

Barbara Semrau, Director

This project is developing a curriculum model which relates academics to career goals while developing work habits, skills and attitudes toward vocational achievement. Specifically, C.E.A.L. will provide career development opportunities to the students designed to increase personal motivation for learning, develop adequate work habits, skills, and attitudes, significantly improve performance in the areas of reading, mathematics, and language arts, as these areas relate to career education and are job specific, develop the social competence necessary for satisfactory performance in a vocational setting, develop skills in self-management and self-evaluation, and develop personal interests which will enable the student to function in adult life and in the world of work at the maximum of his potential. This project will serve mildly handicapped secondary students. During the academic year, each student will participate in the C.E.A.L. classroom for two consecutive classes per day, and will work at an on-campus job for at least four hours per week under contracts with local industries.

HANDICAPPED EDUCATION FOR LIFE PROJECT (HELP)

Industry Education Council
Handicapped Project
1575 Old Bayshore Highway
Burlingame, CA 94010

Henry D. Weiss, Director

The project will serve handicapped students in grades 6 through 12 in the Pittsburg and Antioch Unified School System.

The project is designed to provide: (1) an assessmement of each handicapped student and the development of an individual educational plan (IEP) for improvement of self concept and the acquisition of needed career related skills; (2) individually oriented instruction in career education and experience directed toward improvement of self concept; (3) instruction oriented to parents, employers, and school district personnel to develop the understanding regarding handicapped students' needs for career education and improvements in self concept; and (4) coordinated community effort with the State Department of Rehabilitation, the State Department of Employment Development, the State Department of Education, the Pittsburg and Antioch Unified School Districts, the Industry Education Council of California, the Pittsburg

Chamber of Commerce, the handicapped students and their parents or guardians for maximum utilization and coordination of resources in the education/employment process as it affects handicapped students.

SECONDARY LEVEL HANDICAPPED CHILDREN'S MODEL PROGRAM

San Juan Unified School District
Special Projects Department
3738 Walnut Avenue
Carmichael, CA 95608

Robert Ogle, Director

The project serves handicapped students in special classes, grades 7-12, in the San Juan Unified School District. A significant number of these students are severely emotionally disturbed.

The project provides the following basic components: (1) direct instruction in all curriculum areas; (2) staff development for all special class teachers and aides in grades 7-12; and (3) significantly increased student performance in the areas of task completion and accomplishment of learning objectives. The objectives of the project are: (1) continuity of special class programs from grades 7-12; (2) improvement in the quality of instruction; (3) enhancement of teacher competency; (4) increased and positive contact between special and regular education staff, (5) increased student academic performance and school attendance; (6) increased parent/agency participation in special education programs; and (7) availability of a tested model program for secondary level students for regional, state and national dissemination/replication.

JUNIOR HIGH SCHOOL SPECIAL EDUCATION PROGRAM

Santa Maria Elementary School
321 N. Thronburg
Santa Maria, CA 93454

Joseph Purdy, Director

This project plans to develop a model special education program for handicapped junior high school students that will use a Pontoon-Transitional Design for secondary schools developed by Dr. William Georgiades, a form of team teaching that utilizes the interrelationship of various disciplines in a flexible block of time. The three basic instructional components in the system are independent study, small group discussion, and assembly group presentations, all focusing on instruction, practice and application, all utilizing a consistent approach to behavior and academic management.

The project plans to implement the Pontoon concept as a "school within a school" composed of the special education team, the building principal, regular and special class teachers, counselors and support personnel from the Educational Assessment Service. The handicapped student is assigned to this Pontoon, or program, and, as his or her ability to function effectively in this program increases, may be reassigned to the more traditional junior high program. A Diagnostic Center will be created that will diagnose pupil-teacher and pupil-pupil interactions through classroom observation in the Pontoon.

COLORADO WILDERNESS TRAILS

Colorado Wilderness Trails
P.O. Box 445
Conifer, CO 80433

Caroline Hogue, Director

The project serves seriously emotionally disturbed, early adolescent girls ages 9-14 from urban Denver, Colorado.

The project utilizes an orientation and adventure training component, a wilderness challenge component, and a home/school/community component during a twelve-month cycle. The initial orientation component includes such activities as parent/child/counselor and teacher/child/counselor conferences focusing on individual goal setting and behavior contracting, trip planning and group goal setting, defining procedures to be used in the group, physical conditioning and initiative games, and an overnight camping trip the weekend before departure.

The 26-day wilderness challenge component utilizes a base-camp from which small expeditions such as raft trips, backpack trips and peak ascents are conducted. The girls must cooperate in teams to achieve the basic needs of food, warmth and shelter. The home/school/community component includes parent/child/counselor conferences evaluating trip performance; defining new goals and contracts for home and school; continued counseling on a regular schedule; day, overnight and weekend wilderness trips; and community service projects. Process and product evaluation will indicate both short and long-range effects of the project.

A SENSE OF PRIDE

Institutional Development and Economic Affairs Service, Inc.
Magnolia Road
Nederland, CO 80466

Brian Beun, Director

The project will serve physically and emotionally handicapped youth in grades 9 to 11 and may possibly include out of school youth, aged 21 to 25, in the Denver Metropolitan Area (Boulder County, Jefferson County and Arapaho County School Districts).

The project provides an opportunity for handicapped youth to utilize cultural journalism and photographic skills to interview experientially handicapped adults who have been successful in professional careers. The aim is to motivate handicapped youth who would otherwise not aspire to high professional goals to consider more meaningful career goals.

EXPERIENCE-BASED CAREER EDUCATION FOR THE HANDICAPPED

Portland Board of Education
264 Main Street
P.O. Box 231
Portland, CT 06480

George Culp, Director

This project serves 26 special education students in Portland, Connecticut and eventually will serve 30-40 students there and in 6 surrounding school systems.

Developing a model program for handicapped children of secondary school-age designed to meet their career education needs is the focus of this project. Program features include revision of the Experienced-Based Career Education (EBCE) materials for handicapped children, revision of the existing site analysis process to accommodate handicapping conditions, building on existing regional network and on existing dissemination and replication capability, and utilizing a carefully structured evaluation process.

SURVEY: EH/LD ADOLESCENT EDUCATION

Rex Schmid
University of Florida

The purpose of this project is to provide data on existing educational services for secondary level learning disabled and emotionally disturbed students. (Field Initiated Research)

A DATA BASED SERVICE CASCADE MODEL FOR MILDLY HANDICAPPED HIGH SCHOOL STUDENTS

Indianapolis Public Schools
Special Education Department
120 East Walnut Street
Indianapolis, IN 46204

Dave Greenberg, Director

This project plans to develop a data based service delivery cascade that will facilitate academic, social and vocational achievement of mildly handicapped high school students in the least restrictive alternative. The program focuses on providing in-service training to content-area specialists that will add the methodological skills of individual pupil programming strategies and behavior management to their content-area expertise. Concurrent activities combine assessment, programming, systematic instruction, data-based management, and computer technology to develop and implement effective Individual Education Plans (IEPs) which encompasses academic, social and vocational programming recommendations at the secondary level. The entire process will be evaluated continuously to make modifications and to document the efficacy of the demonstration program. When proven effective, the program will be diffused statewide and nationally.

HANDICAPPED OUT-OF-SCHOOL YOUTH

St. Paul Public Schools
St. Paul, MN 55102

Mr. John Bjorklund, Director

This project, in its 2nd year, serves exceptional students, ages 16-21, who have left school before graduation. Of the 150 students currently enrolled, learning disabilities, mild mental retardation and serious emotional disturbance comprise the majority of the project's populations. These handicapped dropouts are actively recruited by the staff and spend ½ day in classes and ½ day in vocational activities geared to their strengths and expectations. There is a strong emphasis placed on the vocational aspect of the program. Students graduate with a standard high school diploma based on 1) standard high school credit hours, or 2) GED completion.

Additionally, the project maintains an early education component staffed by a certified kindergarten teacher and a

parent educator. This program focuses on the infants and preschool aged children of women who have dropped out and now choose to return to this program.

The project staff stress the replicability of this program for other school districts.

LEARNING OPPORTUNITIES CENTER FOR SPECIAL COMMUNITY COLLEGE STUDENTS

Learning Opportunities Center for
Special Community College Students
Dept. of Student Services
Kingsborough Community College
2001 Oriental Boulevard
Brooklyn, NY 11235

Irwin Rosenthal, Director

Kingsborough Community College, through its Learning Opportunities Center, has developed a model program that meets the varied needs of learning disabled and seriously emotionally disturbed students on the college level. The Learning Opportunities Center is designed to make educational interventions through tutoring, direct classroom intervention, faculty orientation and consultation, the development of by-pass techniques and materials, and individual and group counseling.

Treatment, based on each student's individualized educational plan, will include tutoring for basic skill building, independent study training, and individualized instruction in subject areas, and now includes a peer tutoring component as well as a training program for preparing peer tutors. For project students with psychogenic learning problems, systematic desensitization and cognitive restructuring techniques will be used to treat test anxiety, speech anxiety, and study blocks. These and client-centered counseling techniques, will be used to address general psychological adjustment problems of students in the project.

Replication procedures will be initiated through existing channels of communication within the eighteen-college City University of New York, as well as through Learning Opportunities Center-sponsored conferences, a newsletter, and project materials dissemination.

MAINSTREAMING PROGRAM FOR SECONDARY STUDENTS WITH LEARNING AND BEHAVIOR PROBLEMS

Delaware County Intermediate Unit
State Building, 6th and Oliver Streets
Media, PA 19063

Margaret Adelman, Director

This project serves adolescent students with learning and behavior problems in the Delaware County Intermediate Unit.

The goals of the program are to develop a prototype for serving this population in the educational mainstream, to generate data on the efficacy of the prototype, to develop a replication strategy of the prototype within Delaware County Intermediate Unit, and to disseminate all elements of the prototype locally, statewide, and nationally.

The project will implement a direct and indirect service program based on the Pittsburgh Child Service Demonstration Center model that has been successfully serving secondary students with learning disabilities for the past three years. Students identified as having learning and behavior problems will be served in a resource room, called a Learning Center designed as the least restrictive environment. The program also calls for a second special education teacher, or Liaison Teacher, whose sole responsibility is to offer indirect services to students with learning and behavior problems by working directly with mainstream, content area teachers.

A MODEL PROGRAM FOR PREVOCATIONAL/VOCATIONAL EDUCATION FOR MODERATELY AND SEVERELY HANDICAPPED ADOLESCENTS

George Peabody College for Teachers
of Vanderbilt University
Program for Special Educators
Box 155
Nashville, TN 37203

Syd Levy, Director

The specific goals of the project are: 1) to develop specific instructional methods, curriculum and evaluation procedures in the area of prevocational/vocational training for behaviorally handicapped youths, with the initial focus on severely emotionally disturbed adolescents; 2) to develop procedures to prepare industrial personnel to more effectively supervise the work of handicapped persons and thus insure their satisfactory placement in job sites; 3) to develop observational procedures

to analyze effectively and efficiently the critical job and social skills required for successful employment across a variety of work locations. Data derived from such analyses will provide an empirical base for matching clients to potential work locations; 4) to develop specific training methods and evaluation procedures to prepare professionals in the fields of Special Education, Vocational Education, and Mental Health to replicate (with necessary modifications) the model across a variety of service delivery systems and handicapping conditions; and 5) to develop necessary materials and procedures to promote actively the dissemination of information regarding the model program and thus encourage systematic replication efforts.

A MODEL PROGRAM FOR THE COGNITIVE EDUCATION OF EXCEPTIONAL CHILDREN

George Peabody College for Teachers
John F. Kennedy Center
Box 40, Peabody College
Nashville, TN 37203

H. Carl Haywood, Director

This project employs a cognitive approach to education with the specific goal of enabling pupils to learn how to learn more efficiently. The learning-to-learn approach is expected to enhance achievement levels in traditional academic content areas, to improve the motivation to learn, and to enable the pupils to modify their own cognitive functions after the end of the educational intervention without further intervention. This approach is designed to attack the roots of deficiencies in educational achievement, i.e., deficient cognitive functions. Further, it is not specific to any category of exceptionality, and has been applied to adolescents who have been classified as educable mentally retarded, learning disabled, emotionally disturbed, slow learning, delinquent, of different language background and motivationally impaired. The program incorporates a system for training teachers and supervisors, with great emphasis upon the careful supervision of classroom teaching. Further, Instrumental Enrichment is integrally related to a system for the diagnosis of specific cognitive deficiencies, and therefore fits well with the process of constructing individual education plans. The program is designed for application to adolescents, for whom little else is available and for whom much is needed. Approximately 250 to 300 hours of classroom instruction will be spread over a period of two years as a supplement to the regular content curriculum rather than as a substitute for it. Teachers will be selected from the ranks of regularly employed classroom teachers in the local school system, trained in intensive workshops, and given careful support and supervision.

ALTERNATIVE LIVING ENVIRONMENTS

School for Contemporary Education, Inc.
7201 Wimsatt Road
Springfield, VA 22151

Bruce Richards, Director

The School for Contemporary Education, a private, nonprofit organization, proposes to develop a model educational program for severely emotionally disturbed adolescents. The demonstration population will be referred from the Local Educational Agencies of the City of Alexandria and the County of Fairfax, Virginia. The program will be a community-based, behavior management model with day school, parent training, and group home components. The goal is to produce a model which effectively and economically remediates the social and educational problems of the youths in a manner satisfactory to consumers and replicable by other educational groups. The proposed project is relevant to the following priorities: 1) economically disadvantaged pupils; 2) handicapped pupils in urban areas; 3) secondary level handicapped pupils; and 4) seriously emotionally disturbed pupils.

CONSULTING TEACHER PROGRAM STUDENT SERVICE DEMONSTRATION CENTER

Special Education Area
49913 Waterman Bldg.
University of Vermont
Burlington, VT 05405

Martha S. Knight, Director

The Consulting Teacher Program is the expansion of a model previously developed and refined at the University of Vermont. The basic premise of the model is that special education secondary students can be best served within a regular classroom by a consulting teacher who provides direct service to the students as well as consultation to the student's teachers, parents, and school administrators.

Critical language skills (e.g., reading, writing, spelling, listening, oral communication) and arithmetic skills (e.g., concept, computations and problem solving) will be specified as instructional objectives which will then be sequenced and paired with a time criterion. They will be developed and implemented by the school to insure the identification of secondary students eligible for special education and to provide referral and intervention services for their parents and teachers.

A second goal is to develop teaching/learning procedures and materials so that no handicapped learner who enters the high school will be excluded from that school for the lack of an appropriate program. Intervention strategies which may be implemented in the regular classroom or home environment are favored so as to prevent the more costly services of special classrooms or private day or residential placement.

In order to achieve this service, regular classroom teachers and parents are trained in the management and education of students who are not achieving the basic competency minimum objectives. The purpose is for teachers to acquire special education skills for identifying eligible students, providing diagnosis, developing individualized instruction and prescribing programs with specified teaching/learning techniques and materials.

INDIVIDUAL EDUCATIONAL AND VOCATIONAL INTERVENTION WITH THE POST-SECONDARY HANDICAPPED INCARCERATED

West Virginia University
College of Human Resources and Education
Department of Special Education
Morgantown, WV 26506

Wilfred D. Wienke, Director

This program will work with incarcerated young adults, between the ages of 18 and 23, whose basic skill level is below the sixth grade. This program is designed to augment the existing program at the Kennedy Center. The basic goals are to provide these individuals with saleable skills and basic educational competencies by providing support to the existing programs. This support is in the area of comprehensive assessment in the areas of educational skills, learning styles, vocational preparation and the provision of alternative strategies for the implementation of existing programs so they can meet the needs of the handicapped.

STRATEGIES FOR DEVELOPING AGE APPROPRIATE CURRICULAR CONTENT AND PUBLIC SCHOOL SERVICE DELIVERY MODELS DESIGNED TO PREPARE A WIDE RANGE OF SECONDARY AGED SEVERELY HANDICAPPED STUDENTS TO FUNCTION AS INDEPENDENTLY AND AS PRODUCTIVELY AS POSSIBLE IN POST-SCHOOL COMMUNITY, VOCATIONAL, DOMESTIC AND RECREATIONAL ENVIRONMENTS

Department of Studies in Behavioral Disabilities
University of Wisconsin-Madison
Madison, WI 53704

Lou Brown (Co-Project Director) and Lee Gruenewald, Director, Division of Specialized Educational Services, Madison Metropolitan School District, Madison, Wisconsin (Co-Project Director)

This project serves severely handicapped secondary students in the Madison Metropolitan School District. This group includes students functioning with terminal degenerative neurological diseases, autism, retardation (trainable level and below), quadriplegia and other motor dysfunctions, as well as students with one or more severe sensory impairments.

An educational program concerned with preparing a wide range of severely handicapped students to function as independently and as productively as possible in their post-school years should be concerned with realizing thousands of appropriate educational objectives. This proposal is primarily concerned with: 1) demonstrating, verifying and disseminating strategies that can be used to develop age-appropriate curricular content and public school service delivery models that prepare a wide range of severely handicapped students to function as independently and as productively as possible in post-school community, vocational, domestic and recreational environments; 2) demonstrating, verifying and disseminating a follow-up ecological inventory strategy to secure evaluative information pertaining to the effects of a public school educational program on the subsequent vocational, domestic and recreational functioning of severely handicapped graduates and to contribute to the development of age-appropriate educational curricula for secondary aged severely handicapped students; and 3) demonstrating, verifying and disseminating curricular strategies for developing longitudinal interactions between secondary aged severely handicapped, less handicapped or non-handicapped students and other citizens in school and non-school setting.